

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Enron Oil & Gas Company	Well API No. 30 025 27457
Address P. O. Box 2267, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sims 35 State	Well No. 1	Pool Name, including Formation Lea, SE Wolfcamp Gas	Kind of Lease State	Lease No. V-279
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>north</u> Line and <u>1980</u> Feet From The <u>east</u> Line Section <u>35</u> Township <u>20S</u> Range <u>35E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Enron Oil Trading & Transp. Effective 4-1-94	Address (Give address to which approved copy of this form is to be sent) P. O. Box 20108, Shoreveport, LA 71120
Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ? B 35 20S 35E Yes 12/10/81

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X		X		X		X
Date Spudded 10-01-91	Date Compl. Ready to Prod. 10-07-91	Total Depth 14,744'	P.B.T.D. 11,960'					
Elevations (DF, RKB, RT, GR, etc.) 3679.9' GR	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 11,463'	Tubing Depth 2-7/8" tubing 11,351' w/Guiberson					
Perforations 11,463' - 11,611' (45 holes)		Depth Casing Shoe UNI VI 7" prk 12,320'						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2	13-3/8	860'	700 sacks					
12-1/4	9-5/8	5655'	3450 sacks					
8-3/4	7	12320'	750 sacks					
6-1/8	4-1/2" Liner	14723 TOL: 12002	350 sacks					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 59	Length of Test 24	Bbls. Condensate/MMCF 4214	Gravity of Condensate 53.0
Testing Method (puol, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1740	Casing Pressure (Shut-in) 300	Choke Size DI

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Betty Gildon
Signature
Betty Gildon, Regulatory Analyst
Title
11/6/91
Date
915/686-3714
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 14 1991

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.