

DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input type="checkbox"/>

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104  
Supersedes Old C-104 and C-105  
Effective 1-1-65

REQUEST FOR ALLOWABLE  
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

I. Operator **Enron Oil & Gas Company** ✓ JUL 06 '88  
 Address **P. O. Box 2267, Midland, Texas 79702** O. C. D.  
 Reason(s) for filing (Check proper box) ARTESIA OFFICE  
 New Well  Change in Transporter of: CASHHEAD GAS MUST NOT BE  
 Recompletion  Oil  Dry Gas  9/29/88  
 Change in Ownership  Casinghead Gas  Condensate  FROM

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE  
 Lease Name **Queen Lake 20 Federal** Well No. **1** Pool Name, including Formation **Und. Wolfcamp** Kind of Lease **Federal** Lease No. **NM 17224**  
 Location  
 Unit Letter **E**; **1750** Feet From The **north** Line and **660** Feet From The **west**  
 Line of Section **20** Township **24S** Range **29E**, NMPM, **Eddy** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
 Name of Authorized Transporter of Oil  or Condensate   
**Enron Oil Trading & Transp., Inc.** Address (Give address to which approved copy of this form is to be sent)  
**P. O. Box 1188, Houston, Texas 77251**  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
**None** Address (Give address to which approved copy of this form is to be sent)  
 If well produces oil or liquids, give location of tanks. Unit **E** Sec. **20** Twp. **24S** Rge. **29E** Is gas actually connected? **No** When \_\_\_\_\_

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. \_\_\_\_\_  
 Date Spudded **11-30-87** Date Compl. Ready to Prod. **3-1-88** Total Depth **12,390'** P.B.T.D. **10,709'**  
 Elevations (DF, RKB, RT, GR, etc.) **2958.0' GR** Name of Producing Formation **Wolfcamp** Top Oil/Gas Pay **9884'** Tubing Depth **2-3/8" at 9815'**  
 Perforations **9884 - 9899 and 10026 - 10034** Depth Casing Shoe \_\_\_\_\_  
 TUBING, CASING, AND CEMENTING RECORD  

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	11-3/4"	577'	1567 C1 C
10-5/8"	8-5/8"	2758'	500 C1 C DLW & 380 C1C
7-7/8"	5-1/2"	11268'	1050 C1 H Poz & 500 C1H
4-3/4"	3-1/2" Liner	12387' TOL: 10924'	

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 Tanks **3/1/88** Date of Test **3/3/88** Producing Method (Flow, pump, gas lift, etc.) **Flowing** Post ID-2  
7-29-88  
comp + BR  
 Length of Test **24 hours** Tubing Pressure **100** Casing Pressure **sealed** Choke Size **48/64"**  
 Actual Prod. During Test Oil-Bbls. **47** Water-Bbls. **171** Gas-MCF **67**

GAS WELL  
 Actual Prod. Test-MCF/D \_\_\_\_\_ Length of Test \_\_\_\_\_ Bbls. Condensate/MMCF \_\_\_\_\_ Gravity of Condensate \_\_\_\_\_  
 Testing Method (pitot, back pr.) \_\_\_\_\_ Tubing Pressure (Shut-in) \_\_\_\_\_ Casing Pressure (Shut-in) \_\_\_\_\_ Choke Size \_\_\_\_\_

VI. CERTIFICATE OF COMPLIANCE  
 I hereby certify that the rules and regulations of the Oil Conservation Commission 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)  
 7-5-88 (Date)

OIL CONSERVATION COMMISSION  
 APPROVED **JUL 27 1988**, 19 \_\_\_\_\_  
 BY Mike Williams Original Signed By  
 TITLE \_\_\_\_\_  
 This form is to be filed in compliance with RULE 1104.  
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for allowable on new and recompleted wells.  
 Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
 Separate Forms C-104 must be filed for each pool in multiply