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OIL CONSERVATION DIVISION

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

RECEIVED

FEB 04 1993

O.C.D.

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

I. Operator

Operator ENron Oil & Gas Company	Well API No. 30 015 27096
Address P. O. Box 2267, Midland, Tx 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Poker Lake 32 State	Well No. 6	Pool Name, including Formation Wildcat Delaware	Kind of Lease State State, Federal or Fee	Lease No. L-6442
Location Unit Letter <u>F</u> : 1980 Feet From The <u>north</u> Line and 1980 Feet From The <u>west</u> Line Section <u>32</u> Township <u>23S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 1188, Houston, Texas 78711			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, Texas 79978			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 32	Twp. 23S	Rge. 31E
Is gas actually connected?	When ?		2-5-93	

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12-9-92	Date Compl. Ready to Prod. 1-10-93	Total Depth 8050'	P.B.T.D. 7940'					
Elevations (DF, RKB, RT, GR, etc.) 3360' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 7732	Tubing Depth 2-7/8" at 7693'					
Perforations 7732-43 & 7813-22	Depth Casing Shoe							

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	701	600 Post ID-2
11	8-5/8	4067	1400 1-26-93
7-7/8	5-1/2	8049	853 comp & B14

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 1-24-93	Date of Test 1-26-93	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 575	Casing Pressure 1015	Choke Size 16/64
Actual Prod. During Test	Oil - Bbls. 441	Water - Bbls. 156	Gas- MCF 441

GAS WELL

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

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
Printed Name
1/28/93 Date
915/686-3714 Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 23 1993

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.