

OIL CONSERVATION DIVISION

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

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DEC 24 1992

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

|   |  |                              |
|---|--|------------------------------|
| Operator<br>Energy Development Corporation  |  | Well API No.<br>30-005-60994 |
| Address<br>1000 Louisiana, Suite 2900 Houston, Texas 77002                              |  |                              |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) |  |                              |
| New Well <input 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 checked="" 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<br>TLSAU | Well No.<br>82 | Pool Name, Including Formation<br>Twin Lakes San Andres Assoc. | Kind of Lease<br>State, Federal or Fee | Lease No.<br>Fee   |
| Location            |                |  |  |                    |
| Unit Letter L       | : 2310         | Feet From The South  | Line and 330                           | Feet From The West |
| Section 5           | Township 9S    | Range 29E  | NMPM                                   | Chaves County      |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |   |
|--|---|
| Name of Designated Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Enron Oil Trading & Transportation Co. | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 10607 Midland, Texas 79702             |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Trident NGL, Inc.              | Address (Give address to which approved copy of this form is to be sent)<br>10200 Grogan's Mill Rd. The Woodlands, Tx 77380 |
| If well produces oil or liquids, give location of tanks.   | Unit Sec. Twp. Rge. Is gas actually connected? When?  |
| N 31 8S 29E  | Yes 02-88   |

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                        | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.          |           |            |            |
| Elevations (DF, RKB, RT, GR, etc.)  | Name of Producing Formation |          | Top Oil/Gas Pay |          | Tubing Depth      |           |            |            |
| Perforations                        |                             |          |                 |          | Depth Casing Shoe |           |            |            |
| TUBING, CASING AND CEMENTING RECORD |                             |          |                 |          |                   |           |            |            |
| HOLE SIZE                           | CASING & TUBING SIZE        |          | DEPTH SET       |          | SACKS CEMENT      |           |            |            |
|                                     |                             |          |                 |          |                   |           |            |            |
|                                     |                             |          |                 |          |                   |           |            |            |
|                                     |                             |          |                 |          |                   |           |            |            |

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        | 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.

Signature  
Gene Linton Sr. Production Analyst  
Printed Name Title  
Date 10-1-92 Telephone No. (713) 750-7563

OIL CONSERVATION DIVISION

Date Approved DEC 29 1992

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.