

OIL CONSERVATION DIVISION

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

AUG 26 1991

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

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

O. C. D.  
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Energy Development Corporation	Well API No. 30-005-62819
Address 1000 Louisiana, Suite 2900, Houston, Texas 77002	
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 TLSAU	Well No. 121	Pool Name, Including Formation Twin Lakes S.A. Assoc.	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter F : 1500 Feet From The North Line and 1405 Feet From The West Line Section 5 Township 9 South Range 29 East ,NMPM, Chaves 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"/> Enron Oil Trading & Transportation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 10607 Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Energy Development Corporation	Address (Give address to which approved copy of this form is to be sent) 1000 Louisiana, Suite 2900, Hou., TX 77002					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 31	Twp. 8S	Rge. 29E	Is gas actually connected? YES	When? 2-88

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4-16-91	Date Compl. Ready to Prod. 5-5-91		Total Depth 3100'		P.B.T.D. 3100'			
Elevations (DF, RKB, RT, GR, etc.) 3951' GR	Name of Producing Formation Twin Lakes S.A. Assoc.		Top Oil/Gas Pay 2837'		Tubing Depth 2923'			
Perforations 2837'-40', 2843'-45', 2847'-57', 2877'-83', 2891'-92'.					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		556'		345 SXS Class C			
7 7/8"	5 1/2"		3090'		805 SXS Lite			
					300 SXS 50/50 Po2			

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 5-5-91	Date of Test 5-16-91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hrs.	Tubing Pressure	Casing Pressure	Choke Size Post ID-2 3-6-92 camp + BR
Actual Prod. During Test	Oil - Bbls. .10	Water - Bbls. 187	Gas - MCF TSTM

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. Prod. Analyst

Printed Name  
8-1-91 713-750-7563

Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 28 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.