Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	NS	PORT OI	L AND NA	TURAL G	AS					
Operator		-					Well	API No.	2 - 7	5		
EP Operating Company Address										-025-26241		
6 Desta Drive, Suit	a 5250	Midla	nd	TY 797	05-5510							
Reason(s) for Filing (Check proper box)	. 5256,	TITO TO	,	111 / / / /		et (Please expl	ain)					
New Well				sporter of:	_	•	·					
Recompletion	Oil		Dry									
Change in Operator If change of operator give name	Casinghea	d Gas	Conc	densate	 							
and address of previous operator												
II. DESCRIPTION OF WELI	L AND LEA	ASE										
Lease Name N. M. (55) Federal		Well No.			ling Formation South Wo	1fcamp		of Lease Federal o r F e		ease No. 425		
Location Unit Letter F	:198	30	Feet	From The	rth Lin	1980) Fe	et From The	West	Line		
Section 27 Township 8S Range 36E						, NMPM, Roosevelt County						
III DECIGNATION OF MD.	Nononee											
III. DESIGNATION OF TRA		or Conde		ND NATU		a address to	hich con-	com of this	form in to be			
Enron Oil Trading & Transportation						Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, TX 77251-1188						
Name of Authorized Transporter of Casinghead Gas or Dry Gas Tradint NGL Inc						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 B	Sec. 27	Twp		. Is gas actual	y connected?	When	?				
If this production is commingled with the IV. COMPLETION DATA	at from any oth	er lease or	pool,	give comming	gling order num	ber:						
Designate Type of Completion	n - (X)	Oil Wel	1	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	Top Oil/Gas Pay			Tubing Depth			
Perforations					· I · · · · · · · · · · · · · · · · · ·	 			Depth Casing Shoe			
	T	UBING	CAS	SING AND	CEMENTI	NG RECOR	RD.	<u> </u>				
HOLE SIZE					DEPTH SET			SACKS CEMENT				
	 				 					·····-		
				 -				 				
V. TEST DATA AND REQUI					st he equal to o	erceed ton all	owable for thi	s denth or he	for full 24 has	urs)		
Date First New Oil Run To Tank	Date of Test					be equal to or exceed top allowable for this depth or be Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Press	Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
GAS WELL	i					· <u>···</u> ·	·	<u> </u>				
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conde	Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATION OF A CONTROL OF A	gulations of the	Oil Conse	rvation	1	Date	OIL CON	ed		DIVISIO 0 1'92	ON		
Signature S. D. Reed, Product Printed Name			Title			r						
9/25/92 Date	(91.	5) 682	enhone									

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.

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