Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I	T	OTRANS	SPORT OIL	AND NA	TURAL GA						
Operator TEG E (=== 0.00) ===					Well API No.						
Address	ITFG ENTERPRISE					300052072000\$1					
P.O. Box 10	0	ARTI	ESIA	N.M	. 8821	11-01	00				
Address P. O. Box 100 ARTESIA, N. M. 88211-0100 Reason(s) for Filing (Check proper box) Change in Transporter of:											
ew Well Change in Transporter of:											
Change in Operator		Gas Co									
f change of operator give name and address of previous operator											
•	ANDIEA	CE									
I. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.											
STRANGE FEDERAL 4 TOMAHAWK-SANANdres State, Federal OF-FOE NM-15677A											
Location	100			. 1							
Unit Letter : 1980 Feet From The South Line and 660 Feet From The EAST Line											
Section 25 Township 7-S Range 31-E, NMPM, Chaves County											
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
ENRON Trading & Transportation co. Box 2297, midland Texas 79702											
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
OXY, U.S.A. If well produces oil or liquids, Unit Sec. Twp. Rge.					Box 300, Tu sa, ox. 74/02						
well produces oil or liquids, Unit Sec. Twp. ve location of tanks. P 25 7 3			/р. кge. 7 -3/				3-6-81				
f this production is commingled with that f			l, give comming								
V. COMPLETION DATA	-	I a.uu.				· · · · · · · · · · · · · · · · · · ·					
Designate Type of Completion -		Oil Well 	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
ate Spudded Date Compl. Ready to Prod.				Total Depth			P.B.T.D.				
				T. NUC. 5.							
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforations					Depth Casing				Shoe		
****						· · · · · · · · · · · · · · · · · · ·					
HOLEGIZE				CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
. TEST DATA AND REQUES	T FOR AL	LOWARI	i.F.	<u> </u>		······································]				
OIL WELL (Test must be after re				be equal to or	exceed top allo	wable for this	depth or be j	for full 24 hour	·s.)		
Date First New Oil Run To Tank	Producing M	Producing Method (Flow, pump, gas lift, etc.)									
noth of Test Tubing Pressure Casing Pressure Choke Size											
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
					· · · · · · · · · · · · · · · · · · ·		<u></u>	·			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensale/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
I. OPERATOR CERTIFICA	ATE OF (COMPLI	ANCE			ICEDV	ATIONI		AN I		
I hereby certify that the rules and regulations of the Oil Conservation				'	OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Date ApprovedMAY 1 8 1990							
	_			Date	: whblored	u					
7.7. + letcher									. 7		
Signature L.G. Fletcher Partner Till					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Linga Lyanic		111	le	Title		DISTRIC	, i JUrka	1 C 11 T Tape 1 Th			
5-15-90 Date		746-98 Telepho	ne No.		b						
		1 -									

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 1, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- A) Sengrate Form C-1/M must be filed for each revol in multiply completed wells