NO. OF COP ES REC	EIVED	i	
DISTRIBUTI	ON	1	T
SANTA FE			
FILE			
U.S.G.S.			1
LAND OFFICE	1		
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE		1	
			L

SANTA FE FILE		REQUE	REQUEST FOR ALLOWABLE REQUEST FOR ALLOWABLE Supersedes Old Calons				
U.S.G.S.		AND Effective 1-1-65					d C-104 and 85
LAND OFFICE		AUTHORIZATION TO	TRANSPORT OIL AN	NATURA	GAS		
	1				- 0/10		
TRANSPORTER GAS	_						
OPERATOR							
PRORATION OFFICE							
Operator							
Address Enex Resour	ces Co	rp					
					· - · · · · · · · · · · · · · · · · · ·		
Reason(s) for filing (Check pro	Place	Suite 200, 800 Rockme	ad St Kingwood.	Texas	77339		
New Well	P C. C O Z ,	Change in Transporter of:	Other (Plea	ise explain)			
Recompletion		~··	y Gas Gas Div	ve 10/1/	86 Enex	Purchased	1 Oil &
Change in Ownership X			ndensate Gas DIV	ision of	Pyro En	ergy Corp)
If change of ownership give and address of previous own	name er	Pyro Energy Corp 63		lvd. Sui	te 206 D	allae TV	7523
DESCRIPTION OF WELL	AND L						
Lease Name		Well No. Pool Name, Including	g Formation	Kind of Lea	ise	LG 3818,	<u> </u>
- State 32	Com	l Baum (U	pper Penn)	State, Fede	ral or Fee	State	Lease:
1	100	•				state	Above
Unit Letter E	1980	Feet From The North	Line and 660	Feet From	The We	est	
Line of Section 32	_	10-			1116		
Eine of Section 32	Towns	ship 13S Range	33E , NMPI	м, Le	a		Cour
DESIGNATION OF TRANS	PORTE	ER OF OIL AND NATURAL					
Name of Authorized Transporter	of Oil X	or Condensate	GAS	Amerika ti		· · · · · · · · · · · · · · · · · · ·	
Enron Oil Trading	& Tra	nsportation —	Address (Give address P. O. Boy 1100	to which appro	oved copy of		be sent;
Name of Authorized Transporter	of Casin	ghead Gas X or Dry Gas	P.O. Box 1188 Address (Give address	nous con	, lexas	77521	
Warren Petroleum			Box 1589 Tuls		4102	inis form is to	t-sent)
If well produces oil or liquids,	*	Init Sec. Twp. P.ge.	Is gas actually connect		4102 nen		
give location of tanks.		E 32 13S 33E	· ·	1		10/5/80	
If this production is commingl	ed with t	that from any other lease or poo	1. give commingling orde			10/3/60	
COMPLETION DATA			- Save comminging orde	r number:			
Designate Type of Com	oletion .	- (X) Oil Well Gas Well	New Well Workover	Deepen	Plug Back	Same Rest	. Diff. Res
Date Spudded		ate Compl. Ready to Prod.		· ·	1	1	
-		are compr. Reday to Prod.	Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, e	tc. N	ame of Producing Formation	T 01/0				
, ,,,,,,,		or reducing remains	Top Oil/Gas Pay		Tubing De	pth	-
Perforations	<u>-</u>						
					Depth Cast	ing Shire	
		TUBING CASING AN	D CEMENTING RECOR		<u> </u>		
HOLE SIZE		CASING & TUBING SIZE	DEPTH SE		T		
			DEFIRSE	. 1	S.	ACKS CEMEN	
					 		
					 		
					 		
TEST DATA AND REQUES	T FOR	ALLOWABLE (Test must be	after recovery of total volum	ne of land all .			
DIL WELL Date First New Oil Run To Tanks		able for this d		,		qual to or exce	ied top allo
Date : Her Man Off Run 10 Tanks	Da	ite of Test	Producing Method (Flow,	pump, gas lif	t, etc.)		-
Length of Test		bing Pressure					
	***	pmd blessme	Casing Pressure		Choke Size		
Actual Prod. During Test	011	-Bbls.					
•			Water - Bbls.		Gas-MCF		,
gas well							
Actual Prod. Test-MCF/D	Len	ngth of Test	Bbis. Condensate/MMCF				
	- 1	•	Bute. Condensate/MMCF	1	Gravity of C	ondensate	
Testing Method (pitot, back pr.)	Tub	oing Pressure (Shut-in)	Cosing Pressure (Shut-		-		
		(==== <u>==</u> ,	and hissand ande-	,	Choke Size		
ERTIFICATE OF COMPLI	ANCE						
	LICE		OIL CO	DNSERVAT	LION COM	MISSION	
hereby certify that the rules a	nd regula	stions of the Oil Conservation	APPROVED	ID 9 n 1	000		
			l f				
pove is true and complete to	the best	t of my knowledge and belief.	BYORI	GINAL SICA	ED DV 125		
			TITLE	DISTRICT	i See an action	a v i Da zton Bede	
C. D. A			i i				;
(naion tool 0 a	 		This form is to b	e filed in co	mpliance wi	th RULE 195	14.
- Anna la Contra	ignature)		If this is a reque	at for allowal	hie for e ne		d
Continos	<u> </u>		well, this form must be tests taken on the we				deviation
9/0/10	Title)		All sections of th	is form must	he filled as		for altern
1/16/37	,		ante ou nam sud taco	mbresea metti	6.		
	(Date)		Fill out only Sec well name or number, o	tions I, II,	III, and VI	for changes	of owner,
	•	ii	werr name or number, o	r wansporter,	or other su	ch change of	condition.

RECEIVED

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