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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Superseded 11/77
Effective 1-1-88

Operator	
Enex Resources Corp	
Address	
3 Kingwood Place, Suite 200 800 Rockmead Kingwood, Texas 77339	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	
If change of ownership give name and address of previous owner	

DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, including Location	Kind of Lease
State 29	1	Garret Drinkard	State, Federal or Fee State
Location			
Unit Letter A	800	Feet From The North	330 Feet From The East
Line of Section 29	Township 16S	Range 38E	MMFM, Lea

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Amoco Pipeline Co. Intercorporate Trucking	P.O. Box 1725 Midland, Texas 79702		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Phillips Pet Gas Gathering System <i>66 Natl Gas</i>	5 B4 Phillips Bldg Bartelsville, OK 74004		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	A	29	16S
			38E
Is gas actually connected?	When		
Yes	8/13/76		

If this production is commingled with that from any other lease or pool, give commingling order number:			
COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well	Gas Well	Workover
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Test - 24 Hr Day	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 greater than allowable for this depth or be for full 24 hours)			
Date First New Oil Run To Tanks	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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
<i>Craig Ledbetter</i> (Signature) Operations Engineer (Title) 4/12/90 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED <i>APR 19 1990</i>	
BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR	
TITLE	
This form is to be filed in compliance with rule 10.1.1.	
If this is a request for allowable for a newly drilled or recompleted well, this form must be accompanied by a tabulation of test results taken on the well in accordance with rule 10.1.1.	
All sections of this form must be filled out completely and legibly on new and recompleted wells.	
Fill out only Sections I, II, III, and VI for change of well name or number, or transporter, or other such change of information.	

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