

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

L.

Operator FORCENERGY GAS EXPLORATION, INC.		Well API No. 30-025-26186
Address 2730 SW 3RD AVENUE, SUITE 800, MIAMI, FLORIDA 33129-2237		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input checked="" type="checkbox"/>
If change of operator give name and address of previous operator <u>Enron oil & Gas Co.</u>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name NEW MEXICO 28 STATE	Well No. 1	Pool Name, Including Formation SHOE BAR (ATOKA)	Kind of Lease <u>State</u> Federal or Fee	Lease No. 89335 12662
Location Unit Letter <u>0</u> : <u>660</u> Feet From The <u>S</u> Line and <u>1980</u> Feet From The <u>E</u> Line Section <u>28</u> Township <u>16S</u> Range <u>35E</u> NMDM (38) LEA County				

III. DESIGNATION OF TRANSPORTER OF COMBUSTIBLE NATURAL GAS

Name of Authorized Transporter of Oil PRIDE PIPELINE					Address (Give address to which approved copy of this form is to be sent) P. O. BOX 2436, ABILENE, TEXAS 79604	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Natural Gas Pipeline Co. of Amer						
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 28	Twp. 16S	Rge. 35E	Is gas actually connected? YES	When? 1979
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	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 Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 10p allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VL 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 H. ALAN NEAL

AGENT

Printed Name _____

7/1/92

Time

(915) 686-0845

Date

Telephone No.

OIL CONSERVATION DIVISION

SEP 30 '92

Date Approved

By

Title

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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