L		i	
DISTRIBUTIO		Ī	
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
PROPATION OF			

(Title)

(Date)

	SANTA FE				REQUEST	FOR AL	LOWABLE	KION		um C+104 spersedes Al	d C+104 and C-
	FILE					AND			. E	flective 1-1-	
	U.S.G.S.	·	1-1		AUTHORIZATION TO TR	ANSPOR	T OIL AND N	ATURAL	GAS		•
		OIL									
	IRANSPORTER	GAS	1-1	-							
	OPERATOR										
1.	PRORATION OF	FICE				.					
	Enron Oil &	Gas (Comp	any	,			-		* 	
	P. O. Box 2	267. N	Mid1	and	, Texas 79702	-					
	Reason(s) for filing						Tos. (0)				
	New Well		•	,	Change in Transporter of:		Other (Please e	zpiain)			
	Recompletion				Oil . Dry G	as [Change	Operato	or Name	•	
	Change in Ownership	PX.			Casinghead Gas Conde	nsate 🗌		•	•		
	If change of owners and address of prev				HNG OIL COMPANY, P. O.	Box 226	67, Midland	l, Texas	79702		
II.	DESCRIPTION O	F WEL	L AN	ed L	LEASE	·.•					
	Lease Name	· · · · · · · · · · · · · · · · · · ·	· 		Well No. Pool Name, including f	ormation		and of Leas			Lease No.
	NM 34 State	Com.			1 Shoe Bar Atok	.a	s	tate, Federa	l or Fee Sta	ıte	LG3728 8
	Location Unit Letter F		:	19	80 Feet From The north Li	ne and	1980	Feet From	The west	Ė	L5464
	Line of Section	34		Town	nship 16S Range 3	5E	, NMPM,		Lea		
							, taker M,	-	<u>nea</u>		County
111.	Name of Authorized	F TRA Transpor	NSPC ter of	Oil (ER OF OIL AND NATURAL GA	Address	(Give address to	which appro	ved copy of t	his form is t	o be sent)
	Enron Oil Ti					Box 20	0108, Shrev	eport,	LA 71120)	
	Name of Authorized					i	(Give address to				
					. of America Unit Sec. Twp. Pige.		. Michigan			ILL 606	06
	If well produces oil a give location of tank		s, 	•	F 34 16 35	,	Yes		8/7/79		
			ngled	with	that from any other lease or pool,	give com	mingling order n	umber:			1
IV.	COMPLETION DA				Oll Well Gas Well	New Well	Workover	Despen	Plug Back	Same Bes	tv. Diff. Rest.
	Designate Typ	oe of Co	omple	tion	-(X)	1		• ··	1	1	1
	Date Spudded				Date Compl. Ready to Prod.	Total De	pth		P.B.T.D.		
	Elevations (DF, RKB	R. RT. GI	R etc		Name of Producing Formation	Top OU	Gas Pay		Tubing De		
		, , , , ,	,,		· · · · · · · · · · · · · · · · · · ·	1	0.0 (4)		Tubing De	, , , , , , , , , , , , , , , , , , ,	
	Perforations							Depth Casing Shoe			
									<u> </u>		·
	HOLE	SIZE			TUBING, CASING, AND CASING & TUBING SIZE	D CEMEN.	TING RECORD DEPTH SET		T	A CYC CEU	
	71044	<u> </u>		-+	CASING & 1081116 312E		DEFIN SET		 	ACKS CEM	ENI
		,									
		· 		_							
						<u> </u>			<u>i </u>		
	TEST DATA AND OIL WELL	REQU	EST	FOI	RALLOWABLE (Test must be a able for this de	fter recover tpth or be fo	ry of total volume or full 24 hours)	of load oil	and must be i	iqual to or e.	xceed top allo-
j	Date First New Oil R	lun To T	anks		Date of Test	Producing	g Method (Flow. ;	oump, gas lij	it, etc.)		
	Length of Test				Tubing Pressure	Casing P			Choke Size		
i	Length bi 1 eet				I mound Lines To	. Cdanig P	148077.4		Chore Size	,	•
Ī	Actual Prod. During	Test		1	Oll-Bbis.	Water - Bb	ola.		Gas - MCF		
Į				\bot	· · · · · · · · · · · · · · · · · · ·	<u> </u>	·				
	GAS WELL							*			
ſ	Actual Prod. Test - M	CF/D		Į.	Length of Test	Bbis. Cor	ndensate/MMCF		Gravity of	Condensate	
	Testing Method (pitol	e, back p	r.)		Tubing Pressure (Shut-in)	Casing F	ressure (Shut-1	a)	Choke Size	1	
Vi -	CERTIFICATE O	F COVI	PTIA	NCF	<u> </u>		OII CO	NSERVA	TION CO		
		- 00.11	. ~1/1		-	OIL CONSERVATION COMMISSION APPROVED MAR 2 4 1987 19					
	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.					APPRO	OVED	HUA!	1 6 th 13	<u>C/</u>	19
						BYBYBY_SERVICE OF THE SERVICE OF THE SERVIC					
					TITLE DISTRICT I SUPERVISOR This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despense						
	8.000										
-	12 th		U A (Si)	Fuota	ve)	well, th	his form must b	e accompai	nied by a te	bulation of	the deviation
	Betty Gildon, Regulatory Analyst					tests taken on the well in accordance with RULE 111.					

All sections of this form must be filled out completely for silowable on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of ownewell name or number, or transporter, or other such change of conditions. Separate Forms C-104 must be filed for each pool in multipl

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ADBRS OFFICE

HOBBS