

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Robert N. Enfield	Well API No. 30-025-25310
Address P. O. Box 2431, Santa Fe, NM 87501	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Plug and abandon Strawn formation.
Recompletion <input checked="" type="checkbox"/>	<input type="checkbox"/> Dry Gas <input type="checkbox"/> Recomplete in the Wolfcamp formation.
Change in Operator <input type="checkbox"/>	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator THIS WELL HAS BEEN PLACED IN THE POOL Cancel So. Corbin Strawn  
DESIGNATED BELOW. IF YOU DO NOT CONCUR

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hudson Federal	Well No. 2	Pool Name, Including Formation <u>Wolfcamp</u> <del>Under So. Corbin</del>	Kind of Lease <del>State</del> Federal <u>XXX</u>	Lease No. LC 069276
Location Unit Letter <u>C</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>30</u> Township <u>18 South</u> Range <u>33 East</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Crude Oil Purchasing</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Drawer 175, Artesia, NM 88210</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <del>Phillips Petroleum Co.</del> <u>GPM Gas Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Phillips Bldg. 4001 Penbrook, Odessa, TX 79762</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>0</u>	Sec. <u>33</u>	Twp. <u>18S</u>	Rge. <u>33E</u>	Is gas actually connected? <u>yes</u>	When ?

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	<u>X</u>					<u>X</u>		<u>X</u>
Date Spudded <u>Recompletion 3/19/92</u>	Date Compl. Ready to Prod. <u>4/1/92</u>		Total Depth <u>13,100'</u>		P.B.T.D. <u>11,947' KB</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3784.4 KB</u>	Name of Producing Formation <u>Wolfcamp</u>		Top Oil/Gas Pay <u>10,947'</u>		Tubing Depth <u>11,204'</u>			
Perforations <u>10,947' - 11,118'</u>					Depth Casing Shoe <u>13,100'</u>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17-1/2"</u>	<u>13-3/8"</u>		<u>500'</u>		<u>Circ to surf</u>			
<u>12-1/4"</u>	<u>8-5/8"</u>		<u>4820'</u>		<u>Circ to surf</u>			
<u>8-3/4"</u>	<u>5-1/2"</u>		<u>13100'</u>		<u>1580 sx.</u>			

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 top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank <u>4-2-92</u>	Date of Test <u>4-14-92</u>	Producing Method (Flow, pump, gas lift, etc.) <u>pumping (2-1/2 x 1-1/2 x 24 RHBC)</u>	
Length of Test <u>24 hours</u>	Tubing Pressure	Casing Pressure <u>-0-</u>	Choke Size
Actual Prod. During Test <u>45</u>	Oil - Bbls. <u>45</u>	Water - Bbls. <u>43</u>	Gas- MCF <u>1</u>

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

VI. 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.

Robert N. Enfield  
Signature  
Robert N. Enfield Operator  
Printed Name  
4/23/92 505-988-2863  
Date Telephone No.

OIL CONSERVATION DIVISION

APPROVED  
JAN 27 1992

Date Approved \_\_\_\_\_

By ORIGINAL SIGNED BY JERRY DEXTON  
DISTRICT SUPERVISOR

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.