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U.S.G.S.	
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  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. Operator  
**Robert N. Enfield**  
Address  
**P. O. Box 2431, Santa Fe, New Mexico 87501**  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain) **GAS MUST NOT BE**  
**5/18/80**  
**UNLESS AN EXCEPTION TO R-4070**  
**IS OBTAINED**

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
**R-6368**  
Lease Name **Hudson Federal** Lease No. **LC-069276** Well No. **2** Pool Name, including Formation **Undesignated S. Corbin Strawn** Kind of Lease  
State, Federal or Fee **Federal**  
Location  
Unit Letter **C** ; **660** Feet From The **North** Line and **1980** Feet From The **West**  
Line of Section **30** Township **18 South** Range **33 East** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**Navajo Crude Oil Purchasing** Address (Give address to which approved copy of this form is to be sent)  
**P. O. Drawer 175, Artesia, NM 88210**  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
**Phillips Petroleum Company GPM Gas Corporation** Address (Give address to which approved copy of this form is to be sent)  
**Phillips Bldg. 4001 Penbrook, Odessa TX 79762**  
If well produces oil or liquids, give location of tanks. Unit **C** Sec. **30** Twp. **18S** Rge. **33E** Is gas actually connected? **No** When  
**EFFECTIVE: February 1, 1992**

If this production is commingled with that from any other lease or pool, give commingling order number: **No**

IV. COMPLETION DATA  
Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☒ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Rest'v. ☐ Diff. Rest'v. ☐  
Date Spudded **Re-entry 12/29/79** Date Compl. Ready to Prod. **3/18/80** Total Depth **13,696'** P.B.T.D. **13,100'**  
Elevations (DF, RKB, RT, GR, etc.) **3784.4 GL** Name of Producing Formation **Strawn** Top Oil/Gas Pay **11,994'** Tubing Depth **12,433'**  
Perforations **11994' - 12016', 12054' - 12076', 12095' - 12117' and 12170' - 12192'** Depth Casing Shoe **13,696'**  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
**17 1/2** **13-3/8** **500** **Cir. to surface**  
**12 1/4** **9-5/8** **4,826** **Cir. to surface**  
**8 1/2** **5-1/2** **13,696** **1580 sx**

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 Tanks **3/18/80** Date of Test **3/18/80** Producing Method (Flow, pump, gas lift, etc.) **Flowing**  
Length of Test **10 hrs.** Tubing Pressure **100** Casing Pressure **1300** Choke Size **48/64"**  
Actual Prod. During Test **96** Oil - Bbls. **230** Water - Bbls. **0** Gas - MCF **96**

GAS WELL  
Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate   
Testing Method (pilot, back pr.)  Tubing Pressure  Casing Pressure  Choke Size

VI. 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.  
**Martha J. Link** (Signature)  
**Agent for Robert N. Enfield, Operator** (Title)  
**3/25/80** (Date)

OIL CONSERVATION COMMISSION  
APPROVED **3/25/80** 19  
BY **SUPERVISOR DISTRICT I**  
TITLE   
This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.