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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
/ 110  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-111  
Effective 1-1-65

1. Operator <b>Robert N. Enfield</b>	
Address <b>P. O. Box 2431, Santa Fe, New Mexico 87501</b>	
Reason(s) for filing (check proper box)	Other (Please explain) <b>Test Allowable - several zones are to be perforated &amp; tested prior to putting well on production. Necessary in order to have room in test tanks. Will move total of approximately 500 barrels oil.</b>
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name <b>Hudson Federal</b>	Well No. <b>2</b> Pool Name, including Formation <b>Undesignated</b>	<b>LC-069276</b>
Location		
Unit Letter <b>C</b>	<b>660</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>West</b>	
Line of Section <b>30</b>	Township <b>18</b> Range <b>33</b>	NMPM, <b>Lea</b> County

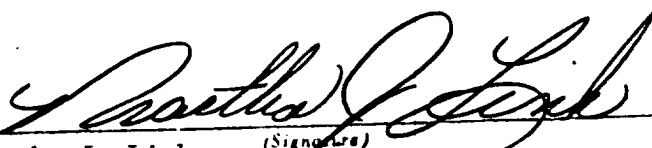
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	<b>Navajo Crude Oil Purchasing</b>	<b>P.O. Drawer 175, Artesia, NM 88210</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit <b>C</b> Sec. <b>30</b> Twp. <b>18</b> Rge. <b>33</b>	Is gas actually connected? <b>No</b>	When

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

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)									
Date Spudded <b>Re-entry 12/29/79</b>	Date Compl. Ready to Prod.	Total Depth <b>13,696'</b>		P.B.T.D. <b>13,100'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3784.4 GL</b>	Name of Producing Formation <b>Strawn</b>	Top Oil/Gas Pay		Tubing Depth					
Perforations <b>12170' - 12192' &amp; 12,095' - 12,117'</b>		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
<b>17½</b>	<b>13-3/8</b>	<b>500</b>		<b>Cir. to surface</b>					
<b>12½</b>	<b>9-5/8</b>	<b>4,826</b>		<b>Cir. to surface</b>					
<b>8½</b>	<b>5-1/2</b>	<b>13,696</b>		<b>1580 sx</b>					

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

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.	
	
<b>Martha J. Link</b>	(Signature)
<b>Agent for Robert N. Enfield, Operator</b>	
(Title)	
<b>2/29/80</b>	(Date)

OIL CONSERVATION COMMISSION	
APPROVED <b>MAY 2 1980</b> , 19	
BY	
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.	