	DISTRIBUTION			Form C - 104
	FILE U.S.G.S. LAND OFFICE	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
	IRANSPORTER OIL GAS			
1.	PRORATION OFFICE Operator			
	Enron Oil & Gas Company Address			
	P. O. Box 2267, Midland, Texas 79702 Reason(s) for filing (Check proper box)			
	New We!1 Recompletion Change in Ownership X		y Gas Change operat	or name
	If change of ownership give nam and address of previous owner _		orporation, Box 2267, Mi	
	DESCRIPTION OF WELL AN		bipolation, box 2207, Mi	dland, Texas 79702
	Uncle Sam 25 Federal	Well No. Pool Name, Including	it ind of Le	eral or Fee Federal NM45225
	Unit Letter;;	980 Feet From The South	Line and 660 Feet Fro	m The West
Ĺ	Line of Section 25	Township 18S Range	32E , NMPM,	Lea County
111. 1		ENTER OF OIL AND NATURAL (GAS	
None of Authorized Transporter of Castanbard Construction 1-1-93 Box 20108, Shreveport, LA 71120				t, LA 71120
-	Phillips 66 Natural (If well produces oil or liquids,	Gas Company GPM Gas Corpora		roved copy of this form is to be sent) ldg., Bartlesville, OK
Ľ	give location of tanks.	<u> </u>	No	Vhen 74004
ייי אין געו עו	this production is commingled with that from any other lease or pool, give commingling order number:			
·	Designate Type of Comple		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.
E	levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
F	Perforations			Depth Casing Shoe
F	TUBING, CASING, AND CEMENTING RECORD			
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	EST DATA AND REQUEST H	COR ALLOWARIE (Testand		
_01	L WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours) No First New Cil Run To Tanks Date of Test Producing Motiod (Flow, pump, gas lift, etc.)			
L	angth of Test	Tubing Pressure	Casing Pressure	Choke Size
Ac	tual Prod. During Test	Oil-Bbla.	Water+Bbls.	c Gas-MCF
ــــا د م	AS WELL		1	
	stual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Te	ating Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. CE	RTIFICATE OF COMPLIAN	 CE		
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			OIL CONSERVATION COMMISSION	
abo	ve is true and complete to the	best of my knowledge and belief.	BY ORIGINAL SIGNED BY JERRY SEXTON	
	\mathbf{D}		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 despend 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	
	Betty Julde	(we)		
	Betty Gildon, Regula	tory Analyst		
(<i>Title</i>) 3/9/87			All sections of this form must be filled out completely for sllow- able on new and recompleted wells. Fill out only Coctions I, II, III, end VI for changes of owner,	
	(Dai	e)	weit name or number, or transporte	lii, and VI for changes of owner, er, or other such change of cendition. be filed for each pool in multiply