-	NO. OF COPIES ACCEIVED	<b>4</b> . •	<u>``</u>	
	DISTRIBUTION	NEW MEXICO OIL CO	INSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-11
	SANTA FE	REQUEST F	OR ALLOWABLE	Effective 1-1-65
	FILE	AUTHORIZATION TO TRAN	AND VSPORT OIL AND NATURAL G	AS . 1235
	U.S.G.S.	AUTHORIZATION TO TRAI	1. V 1/5 = (315)	ODP
	OIL		2, 1 115 = 346) Odt 3575	See The Co
	FRANSPORTER GAS		13/	SEP 1 2 12
	OPERATOR		3565	CRUD- 1985
1.	PRORATION OFFICE			NODE OIL DEP
	J.M. Huber Corpora	tion		CRUDE OIL DEPT.
	Address	W. 11 J. Warrage 70701		
	1900 Wilco Buildin Reoson(s) for filing (Check proper box)		Other (Please explain)	
	New Well	Change in Transporter of:		asinghead gas trong
	Recompletion	OII Dry Gas	or Land of the contract be contracted to	entained from the
	Change in Ownership	Casinghead Gas Condens	sate	
	If change of ownership give name	THIS WELL HAS REEN P	ACED IN THE POOL	
	and address of previous owner	DUST MATED BELOW. IF	YOU DO NOT CONCUR	1
II.	DESCRIPTION OF WELL AND I			
	Lease Name	Well No.   Foot Italie, mercand	XXXXX Federal	
	Federal "27"	1 EK Bone Spr	1ng	
	1 - 1	0 Feet From The South Line		he <u>east</u>
	Unit Letter			County
	Line of Section 27 Township 18S Range 33E , NNFM, Lea			
	Enron Oil Trading & Transportation Co.  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Address 16 102 aggregate Copy of this form is to be seen the second of the seco			
111.	Name of Authorized Transporter of Oil	or Condensate	Address YCARP Address to which approx Houston, TX. 77251-1188 Ef	ed copy of this form is to be sent) lective 7-1-88  TX 70206
	Tesoro Crude 011 Con	inghead Gas O or Dry Gas	Address (Give address to which approv	red copy of this form is to be sent)
	Name of Authorized Transporter of Case To be determined	inghead Gas or Diff Gas	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Unit Sec. Twp. Pge.	Is gas actually connected? Whe	
	dire tocation or tames	0 27 18S 33E	No	November, 1985
	If this production is commingled with	h that from any other lease or pool, (	give commingling order number:	
Oil Well Gda well lides well individual				Plug Back   Same Res'v. Diff. Res'v.
	Designate Type of Completion		X	P.B.T.D.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth 9810'	9779'
	6/10/85	8/30/85 Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	l .	ny B Camina	8799 <b>'</b>	9775'
	Perforations 8799-8801; 03-	-04'; 06-08'; 21-26'; 29- 52'; 9659-63'; 95-99'; 97	32'; 34-35'; 9082-86';	Depth Casing Shoe
	9105-13'; 9435-48'; 60-6	SX CME) TUBING, CASING, AND	CEMENTING RECORD	9810
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	17-1/2"	13-3/8"	350'	375
	11"	8-5/8"	3700'	2075
	7-7/8"	5-1/2" 2-7/8"	9810 ' 9775 '	i
••	TEST DATA AND DECUEST EC	DATE OWARIE (Test must be at	ter recovery of total volume of load oil	and must be equal to or exceed top allow
V.	OIL WELL		pth or be for full 24 hours) Producing Method (Flow, pump, gas li)	(i, etc.)
	Date First New Oil Run To Tanks	Date of Test	pump	
	7/15/85 Length of Test	9/4/85 Tubing Pressure	Casing Pressure	Choke Size
	24 hrs.		Water - Bbis.	Gae - MCF
	Actual Prod. During Test	Oil-Bble.	25	95
4.	<u> </u>	113		
•,	GAS WELL			Gravity of Condensate
	Actual Prod. Test-MCF/D	Length of Teet	Bble. Condensate/MMCF	Giant, or contents
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	resting Method (process)			
VI.	CERTIFICATE OF COMPLIANCE	CE	H	TION COMMISSION
,	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. 915/682-3794		APPROVED SEP 1 1985	
			By Eddie W. 2014	
			Oll & Cas in the last	
			11166	
			This form is to be filed in	compliance with RULE 1104.
	Robert R. Glenn (Signature)  District Production Manager		If this is a request for sllowable 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 to the section of the section.	
	(Title)		il able on new and recompleted Walls.	
	9/9/85 (Date)		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	