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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Robert N. Enfield	Well API No. 30-025-30551
Address P. O. Box 2431, Santa Fe, NM 87504-2431	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <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 DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE. *Cancel S. Corbin wellcamp*

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hudson Federal	Well No. 3	Pool Name, including Formation Corbin Bone Springs South	Kind of Lease State, Federal or Fee FEDERAL	Lease No. LC-069276
Location Unit Letter <u>0</u> : <u>660</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u> Line Section <u>19</u> Township <u>18 South</u> Range <u>33 East</u> , NMPM, Lea 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"/> Permian	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 19	Twp. 18 S	Rge. 33 E	Is gas actually connected? yes	When? Approx. 10/27/89

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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 7/15/89	Date Compl. Ready to Prod. 10/19/89		Total Depth 13,630'		P.B.T.D. 9735' CIBP			
Elevations (DF, RKB, RT, GR, etc.) 3793.7 GR	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 8570'		Tubing Depth 8491'			
Perforations 8570' - 8586', 8597' - 8610', 8772' - 8796', 9374' - 9398' 17 holes 14 holes 13 holes 25 holes		TUBING, CASING AND CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	54.50#/ft., J-55 ST&C		340'		375 sks			
12-1/4"	36#/ft., ST&C		2920'		1100 sks			
8-3/4"	26# & 23#/ft., N-80 & S-95		11950'		1020 sks			
2-3/8"	4.7#/ft., N-80		8491'					

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 12/22/90	Date of Test 12/22/90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 40 FTP	Casing Pressure Packer	Choke Size 24/64"
Actual Prod. During Test 74.46	Oil - Bbls. 74.46	Water - Bbls. 89 (load water)	Gas - MCF 167

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 Title
1/24/91 505-988-2863
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved 12/26/1991

By _____

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.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.