

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Robert N. Enfield		Well API No. 30-025-31357
Address P. O. Box 2431, Santa Fe, NM 87504		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)
Recompletion <input type="checkbox"/>		
Change in Operator <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. R-9615 12/1/91

Lease Name Hudson Federal	Well No. 5	Pool Name, Including Formation Undesignated Buffalo Queen	Kind of Lease State Federal XXX	Lease No. LC-069276
Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>29</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"/> Enron Oil Trading & Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 10607, Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Unknown	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 0	Sec. 29	Twp. 18	Rge. 33	Is gas actually connected? No	When? Unknown

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 9/14/91	Date Compl. Ready to Prod. 10/5/91		Total Depth 4530'		P.B.T.D. 4464'			
Elevations (DF, RKB, RT, GR, etc.) 3755' GL	Name of Producing Formation Queen		Top Oil/Gas Pay 4398'		Tubing Depth 4205'			
Perforations 4398' - 4425'					Depth Casing Shoe 4526'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/2"	8-5/8"		423'		425			
7-7/8"	4-1/2"		4526'		1100			

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.)

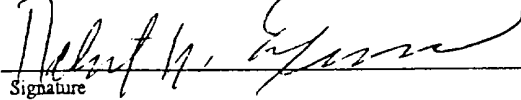
Date First New Oil Run To Tank (test Tank) 10/5/91	Date of Test 10/8/91	Producing Method (Flow, pump, gas lift etc.) flowing	
Length of Test 19 hours	Tubing Pressure 160	Casing Pressure 900	Choke Size 12/64"
Actual Prod. During Test 108 total barrels	Oil - Bbls. 102	Water - Bbls. 6 (load water)	Gas- MCF 63

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.


Signature
Robert N. Enfield Operator
Printed Name
10/10/91 505-988-2863
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____

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.

WELL NAME & NUMBER Hudson Federal #5 1-1-11 38-025-31357

LOCATION Section 29, T.S.-18S, Range 33E 611412 41357
(Give Unit, Section, Township and Range)

OPERATOR Robert N. Enfield P.O. Box 2431, Santa Fe, NM 87501

DRILLING CONTRACTOR J.S.M. Drilling Co. P.O. Box 69010 Odessa, TX 79769

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above described well and that he has conducted deviation tests and obtained the following results;

Degrees @ Depth

.25 183

.25 423

.50 924

.75 1405

.25 1687

.50 1968

2.00 2372

2.50 2497

2.75 2631

2.50 2759

2.00 2823

2.50 2896

1.75 2958

1.25 3116

Degrees & Depth

1.50 3511

1.50 3655

2.00 4102

1.75 4530

Degrees @ Depth

RECEIVED

SEP 27 1991 DRILLING CONTRACTOR J.S.M. Drilling Co.

BY: J. M. G. Jan

Subscribed and sworn to before me this 25 day of September, 19 91

Notary Public

My Commission Expires: 02-04-95

Ector County Texas