

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

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

## 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 A/P No. 30-025-31402
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 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.			
Lease Name Hudson Federal	Well No. 6	Pool Name, including Formation Buffalo Queen R-9646	Kind of Lease State, Federal & etc.
Location Unit Letter 0 : 560' Feet From The South Line and 1880' Feet From The East Line Section 29 Township 18 South Range 33 East, NMPM, Lea County		Lease No. LC-069276	

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:									

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 10/9/91	Date Compl. Ready to Prod. 10/30/91		Total Depth 4580'			P.B.T.D. 4529'			
Elevations (DF, RKB, RT, GR, etc.) 3762.0 GR	Name of Producing Formation Queen		Top Oil/Gas Pay 4386'			Tubing Depth 4229'			
Perforations 4422' - 4443' (8 holes)						Depth Casing Shoe 4576'			
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE 12-1/4 7-7/8	CASING & TUBING SIZE 8-5/8 4-1/2			DEPTH SET 428' 4580'			SACKS CEMENT 250 1350		

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 10/30/91	Date of Test 10/31/91	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hours	Tubing Pressure NA	Casing Pressure -0-	Choke Size NA
Actual Prod. During Test 110	Oil - Bbls. 110	Water - Bbls. 10	Gas - MCF 50

GAS WELL	
Actual Prod. Test - MCF/D	Length of Test
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  
Printed Name  
11/4/91  
Date  
Operator  
505-988-2863  
Telephone No.

#### OIL CONSERVATION DIVISION

Date Approved  
By ORIGINAL RECORD COPY  
Title

#### INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

REC- 10

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HOBBS OFFICE