

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Robert N. Enfield	Well API No. 30-025-31405
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"/>
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.	

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 1-21-92
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hudson Federal	Well No. 7	Pool Name, including Formation Buffalo Queen	Kind of Lease 100% Federal or Fee	Lease No. LC-069276
Location Unit Letter <u>K</u> : <u>1700'</u> Feet From The <u>South</u> Line and <u>2310'</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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/20/91	Date Compl. Ready to Prod. 10/15/91		Total Depth 4530'		P.B.T.D. 4495'			
Elevations (DF, RKB, RT, GR, etc.) 3762.0' GR	Name of Producing Formation Queen		Top Oil/Gas Pay 4391'		Tubing Depth 4199'			
Perforations 4391' - 4417' (10 holes)					Depth Casing Shoe 4532.99'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		426.90'		250			
7-7/8"	4-1/2"		4534.29		1300			
4-1/2"	2-3/8"		4199'					

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 11/15/91	Date of Test 11/16/91	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 16 hours / 24	Tubing Pressure NA	Casing Pressure -0-	Choke Size NA
Actual Prod. During Test 66	Oil - Bbls. 66 / 99.12	Water - Bbls. 2	Gas - MCF 35

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
11/19/91 Title
505-988-2863
Date Telephone No.

OIL CONSERVATION DIVISION
NOV 21 1991

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.