

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

I.

Operator INC. WJC Engineering	Well API No. 30-025-29334
Address 7 Post 79356 P. O. Box 3857, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	change lease name from: C E. Brooks Effective 5-1-92

If change of operator give name and address of previous operator **Enron Oil & Gas Company, P. O. Box 2267, Midland, Texas 79702**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Brooks, C. E.	Well No. 2	Pool Name, Including Formation Knowles Devonian, South	Kind of Lease State, Federal or Fee	Fee	Lease No. -
Location					
Unit Letter E : 1980 Feet From The north Line and 660 Feet From The west Line					
Section 18 Township 17S Range 39E , NMPM , Lea County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Enron Oil Trading & Transp.	<input checked="" type="checkbox"/> Oil <input type="checkbox"/> Condensate	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, Texas 77251-1188				
Name of Authorized Transporter of Casinghead Gas GPM Gas Corp.	<input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	Address (Give address to which approved copy of this form is to be sent) 588 Phillips Bldg., Bartlesville, OK 74004				
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 18	Twp. 17	Rge. 39	Is gas actually connected? Yes	When? 12/9/85

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

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.

Betty Gildon **WJ Allen**

Signature
Betty Gildon, Regulatory Analyst **9156854171**

Printed Name
4/30/92 **915/686-3714**

Date
4/30/92 **915/686-3714**

Telephone No.

OIL CONSERVATION DIVISION
JUL 07 '92

Date Approved _____

By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

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.

RECEIVED

JUN 09 1992

XCD HOBBS OFFICE