

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Enron Oil & Gas Company		Well API No. 30-025-30627
Address P. O. Box 2267, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		<input type="checkbox"/> Other (Please explain) approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shinnery 1 Federal	Well No. 1	Pool Name, Including Formation Young, North Bone Spring	Kind of Lease State, Federal or Fee <u>Fed</u>	Lease No. NM 53239
Location Unit Letter <u>I</u> : <u>1750</u> Feet From The <u>south</u> Line and <u>990</u> Feet From The <u>east</u> Line Section <u>1</u> Township <u>18S</u> Range <u>32E</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 & Transp. Co.	Address (Give address to which approved copy of this form is to be sent) Box 1188, Houston, Texas 77251-1188		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent) EOTF Energy Corp.		
If well produces oil or liquids, give location of tanks. Unit <u>I</u> <u>1</u> <u>18S</u> <u>32E</u>	Effective Date <u>1-93</u>	Is gas actually connected? No	When ?

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 6-13-89	Date Compl. Ready to Prod. 8-11-89	Total Depth 9312'		P.B.T.D. 9194'				
Elevations (DF, RKB, RT, GR, etc.) 3905.7' GR	Name of Producing Formation Bone Spring	Top Oil/Gas Pay 8404'		Tubing Depth 2-7/8" @ 8348'				
Performations 8404-9178				Depth Casing Shoe 9311'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
17-1/2	13-3/8	657		900				
12-1/4	9-5/8	2965		1200				
7-7/8	5-1/2	9311		1300				
2-7/8 Tubing		8348						

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 10-15-89	Date of Test 10-25-89	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil - Bbls. 12	Water - Bbls. 6	Gas- MCF 0

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
Signature
Betty Gildon, Regulatory Analyst
Printed Name
11/2/89 (915) 686-3714
Date Telephone No.

OIL CONSERVATION DIVISION

NOV 9 1989

Date Approved

By Paul Kautz Orig. Signed by
Geologist

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.