Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III Santa Fe, New Mexico 87504-2088 1000 Rio Brazos Rd., Aziec, NM 87410											
I.				BLE AND AUTHO		TION					
I Enevron II S A Inc							API No.				
Address 30-025-31010											
P.O. Box 1150, Mi Reason(s) for Filing (Check proper box)	.alana,	1X /	9702	Other (Please	explain)						
New Weil Recompletion	Oil	Change in	Transporter of:	Filed to s	how g	as ti	e-in.				
Change in Operator Casinghead Gas Condensate											
If change of operator give name and address of previous operator											
IL DESCRIPTION OF WELL AND LEASE											
Lease Name Sprinkle "B" Federal Location	prinkle "B" Federal 2 Young Nor				th (Bone Springs) Kind o				ease No. 456		
Unit Letter E : 2310 Feet From The North Line and 330 Feet From The West Line											
Section 1 Township 18S Range 32E , NMPM, Lea County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent) POBOX 2436, Abilene, TX 79604										
Name of Authorized Transporter of Casing Phillips Natural Gas	e of Authorized Transporter of Casinghead Gas vy or Dry Gas Addr					Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit E	Sec.	Twp. Rge. 18S 37E	· 	7	1/8/91					
If this production is commingled with that IV. COMPLETION DATA	rom any oth	er lease or	pool, give comming	ling order number.							
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well Workove	er I	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded		pl. Ready to	Prod.	Total Depth		1	P.B.T.D.		<u> </u>		
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					DEPTH SET				SACKS CEMENT		
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE	<u> </u>			<u> </u>	·			
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 - Bbis.			Gas- MCF				
GAS WELL	1				 						
Actual Prod. Test - MCF/D	Length of Test			Bbis. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, 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.				OIL CONSERVATION DIVISION							
IM. bohon				Date Approved							
Signature D.M. Bohon Technical Assistant				By							
Printed Name 2/6/91	Title										
Date		Tele	phone No.	11							

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.