1						
Submit 5 Copies Appropriate District Office DISTRICT I	; ergy, N	State of Ne finerals and Natu	w Mexico ral Resources Depart	- <b>t</b>		Form C-104 Revised 1-1-89 See Instructions
P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION					at Bottom of Page
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Sa	P.O. Bo nta Fe, New Me	ox 2088 exico 87504-2088			
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410						
I. Operator	TO TRA	NSPORT OIL	AND NATURAL G	AS Well A	PI No.	
BEC Corpora Address	tion		<u></u>		<u></u>	
P.O. Box 13	92 Mid	lland, Texas				
Reason(s) for Filing (Check proper box) New Well	Change in	Transporter of:	<b>X</b> Other (Please expl Operator Nume	•	ùn]v	
Recompletion	Oil Casinghead Gas	Dry Gas	From Bliss Ene			
If change of operator give name and address of previous operator						
II. DESCRIPTION OF WELL	AND LEASE					
Lesse Name Greenwood	Well No.	Pool Name, Includin	ng Formation		f Lease Pederal or Fee	Lease No.
Location		1		<u>I</u>		
Unit LetterI	. 1980	Feet From The Sc	buth Line and 66	<u> </u>	et From The	East Line
GTT Entry Operating Townshi	<b>22</b> S	Range 37E	, NMPM,	Lea	<u> </u>	County
III. DESIGNATION OF TRAN			RAL GAS			
Name of Authorized Transporter of Oil Enron Oil Trading & T	T EOT Conden	1,1-93	Address (Give address to w Box 1188 H	<i>hich approved</i> louston,		1 is to be sent) 77251
Name of Authorized Transporter of Casing	thead Gas	or Dry Gas	Address (Give address to w	hich approved		is to be sent) 74102
Warren Pet. CoDiv. If well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas actually connected?	When	?	14LUR
give location of tanks. If this production is commingled with that i	C 9	228 37E	Yes	l	2-23-86	
IV. COMPLETION DATA						
Designate Type of Completion	- (X)     Oil Well	Gas Well	New Well Workover	Deepen	Piug Back  Sa	me 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	
			CENTENIC DECO			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
V. TEST DATA AND REQUES	T FOR ALLOW	ABLE	<u> </u>			
OIL WELL (Test must be after r	ecovery of total volume		be equal to or exceed top all Producing Method (Flow, p			full 24 hours.)
Date First New Oil Run To Tank	Date of Test		Floqueing Method (Flow, party, gas 1911			
Length of Test	Tubing Pressure		Casing Pressure		Choke Size	
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		Gaa- MCF	
GAS WELL			L			
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 CERTIFIC				NSERV	ATION D	IVISION
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.			Date Approved			
_ George Um						
Signature George Van Husen Agent			By Orig. Signed by Paul Kautz			
Pristed Name 2-27-90	Title	·	Geolog	ri <b>st</b>		
2-2/-70 Date	<u>915 682-18</u> Tele	ephone No.				
INSTRUCTIONS, This for	mis to be filed in a					

ł

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.

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.
Separate Form C-104 must be filed for each pool in multiply completed wells.