1.	b0. 07 COPIES ALCEIVER DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL YRANSPORTER OPERATOR PRORATION OFFICE Operator	REQUEST	FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	- Form C-104 Supersedes Old C-104 and C- Eliociivo 1-1-65 GAS
	Enron Oil & Gas Company Address P. O. Box 2267, Midland Reason(s) for Hing (Check proper box) New Well Recompletion	d, Texas 79702	Other (Please explain)	or Name
	Change in Ownership X	Casinghead Gas Conder		us 79702
11.	DESCRIPTION OF WELL AND : Legge Name Wilson 21 Federal Location Unit Letter K : 191	Well No. Pool Name, Including F 3 Stateline Tans 0 Feet From The South Ling	ill Yates SRQ State, Fode	ral or Fee Federal NM23199
III.	Line of Section 21 Tow DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cli	FER OF OIL AND NATURAL GA		Lea County roved copy of this form is to be sentj
	Enron Oil Trading & Transp., Inc. Nome of Authorized Transporter of Casinghead Gas or Dry Gas El Paso Natural Gas Company If well produces oil or liquids, Unit Sec. Twp. Proge. give location of tarks.		Box 20108, Shreveport, LA 71120 Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, Texas 79978 Is gas actually connected?	
IV.	If this production is commingled wit COMPLETION DATA Designate Type of Completio	n - (X) Oli Well Gas Well	New Well Workover Deepen	9/21/79 Plug Back Same Restv. Diff. Restv
	Date Spudded Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Total Depth Top Oil/Gas Pay	P.B.T.D. Tubing Depth
	Perforations Depth Gasing Shoe			
	HOLESIZE	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT
v.	TEST DATA AND REQUEST FO	able for this de	pth or be for full 24 hours)	il and must be equal to or exceed top allou
	Date First New Cil Run To Tanks Length of Test	Date of Test Tubing Pressure	Producing Method (Flow, pump, gas	lift, etc.)
	Actual Prod. During Test	Qil-Bbia.	• Water - Bbis.	Gas - MCF
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis, Condensate/MMCF	Gravity of Condensate
	Testing Melhod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Freesure (Sbut-in)	Choke Size
	CERTIFICATE OF COMPLIANCE I hereby certify that the rules end regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		OIL CONSERVATION COMMISSION APPROVED MAR 24 1987 19	
Betty Gildon, Regulatory Analyst (Date) (Date)			BYORIGINAL SIGNED BY JERRY CEXTON DISTRICT I SUPERVISOR TITLE DISTRICT I SUPERVISOR This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a nawly drilled or despendently this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out only Sections I. II. III. and VI for changes of owner well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiple	

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