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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMM ON
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

Operator Enron Oil & Gas Company	
Address P. O. Box 2267, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change Operator Name Effective 4/1/88	
Houston, Texas 77046	
If change of ownership give name and address of previous owner Mobil Producing TX & NM Inc., 9 Greenway Plaza, Suite 2700, Texas 77046	

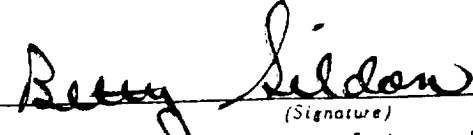
I. DESCRIPTION OF WELL AND LEASE				
Lease Name Sims	Well No. 1	Pool Name, including Formation Bell Lake, South Morrow	Kind of Lease State, Federal or Fee Fee	Lease No. Unknown
Location Unit Letter H : 1980 Feet From The north Line and 800 Feet From The east				
Line of Section 13 Township 24S Range 33E , NMPM, Lea County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Koch Oil Company	Box 1558, Breckenridge, Texas 76024					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Transwestern Pipe Line Co.	Box 2521, Houston, Texas 77001					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 13	Twp. 24S	Rge. 33E	Is gas actually connected? Yes	When 12-15-81

If this production is commingled with that from any other lease or pool, give commingling order number:									
V. 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		

VI. 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 Tanks	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

VII. CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and 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.	
	
Betty Gildon, Regulatory Analyst	
(Title)	
3/31/88	
(Date)	

OIL CONSERVATION COMMISSION	
APR 4 1988	
APPROVED _____, 19____	
BY ORIGINAL SIGNED BY JERRY SEXTON	
DISTRICT I SUPERVISOR	
TITLE _____	
This form is to be filed in compliance with RULE 1104.	
If this is a request for allowable for a newly drilled or deepened well, 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	