DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
I. PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COM   SION   —
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator
Enron Oil & Gas Company

Address
P. O. Box 2267, Midland, Texas 79702

Reason(s) for Filing (Check proper box)

New Well ☐   Change in Transporter of: Other (Please explain)
Recompletion ☐   Oil ☐   Dry Gas ☐   Change Operator Name
Change in Ownership ☒   Casinghead Gas ☐   Condensate ☐

If change of ownership give name
and address of previous owner ___ HNG OIL COMPANY, P. O. Box 2267, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Madera 29 Federal	1	Pitchfork Ranch Morrow	State, Federal or Fee Federal	NM16139

Location

Unit Letter ___ J ___ : ___ 1980 ___ Feet From The ___ south ___ Line and ___ 1650 ___ Feet From The ___ east ___

Line of Section 29   Township 24S   Range 34E   , NMPM,   Lea   County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐   or Condensate ☒   Address (Give address to which approved copy of this form is to be sent)
Enron Oil Trading & Transp., Inc.   Box 20108, Shreveport, LA 71120

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒   Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline Company   Box 2521, Houston, Texas 77001

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	29	24	34	Yes	7/15/83

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	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

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 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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.

(Signature) Betty Gildon

Betty Gildon, Regulatory Analyst
(Title)

2/10/87
(Date)

OIL CONSERVATION COMMISSION

APPROVED ___ MAR 2 1987 ___ , 19 ___

BY ___

ORIGINAL SIGNED BY JERRY SEXTON
TITLE ___ DISTRICT I SUPERVISOR

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 ownership, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple.