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U.S.G.S.			_
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE		1	

NEW MEXICO DIL CONSERVATION COI

FILE	REQUES	T FOR ALLOWABLE	Form C-104 Supersedes O)ld C-104 and C-
u.s.g.s.	AUTHORIZATION TO TE	AND RANSPORT OIL AND NATURA	Effective 1-1.	-65
LAND OFFICE	TION TO THE	MANSFORT UIL AND NATURA	AL GAS	
TRANSPORTER GAS	-			
OPERATOR				
PRORATION OFFICE				
Enron Oil & Gas Co	mpany			
P. O. Box 2267, Mi	dland Texas 79702			
Reason(s) for filing (Check prop.		Other (Please explain)		
New Well Recompletion	Change in Transporter of:			
Change in Ownership		Gas To add casing	ghead gas gatherer	r
If change of ownership give na				
and address of previous owner				
II. DESCRIPTION OF WELL A	ND LEASE Well No. Pool Name, Including	Formation Kind of I	ease	
Madera 10	1 Salado Draw [lolauana l	deral or Fee Fee	Lease No.
Unit Letter M	660 Feet From The South	990	_ west	
Line of Section 10	269	33E	rom The	
COTT Energy Cyperating LP	Nunge	, NMPM,	Lea	County
Name of Authorized Transporter of	ORTER OF OIL AND NATURAL G	AS		
Enron Oil Trading 8	TranspOTTIfinergy Corp.	P. O. Box 20108, Shr	eveport, LA 71120)
Phillips 66 Natura	Gas Company	Address (Give address to which a	proved copy of this form is	to be sent)
If well produces oil or liquids,	Unit Sec. Twp. Ege.	6AL Phillips Building Is gas actually connected?	When	UK /4004
give location of tanks.	M 10 26 33	Yes	4-9-88	
V. COMPLETION DATA	d with that from any other lease or pool	, give commingling order number:		
Designate Type of Comp	letion - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res	s'v. Diff. Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, et	c.; Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations				 -
			Depth Casing Shoe	
HOLE SIZE	TUBING, CASING, AN	D CEMENTING RECORD		,
	ONO W TODAKO DIZZ	DEFINSE	SACKS CEN	MENT
V. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be able for this d	after recovery of total volume of load epth or be for full 24 hours)	oil and must be equal to or e	exceed top allow
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	s lift, etc.)	•
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Pred. During Test	Oil - Bbis.	Wate: - Bbis.		
Actual y tour busing you	Gir-Bbia.	Water - Spris.	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	
<u> </u>				
I. CERTIFICATE OF COMPLI	ANCE		VATION COMMISSICE	N
	nd regulations of the Oil Conservation d with and that the information given	APPROVED APP	1 3 1988	19
	the best of my knowledge and belief.	BY ORIGINAL SIGNED BY JER	RY SEXTON	
\cap		TITLE DISTRICT I SUPERV	ISOR	
D. //n/)m.)	This form is to be filed i	n compliance with RULE	1104,
- Brazil Hill	(gnatur)	If this is a request for all well, this form must be accome	panied by a tabulation of	f the deviatio:
	Betty Gildon, Regulatory Analyst		contence with RULE 111 must be filled out comple	•
4/11/88	(Title)	able on new and recompleted	wells.	
	(Date)	Fill out only Sections I, well name or number, or transp	orter, or other such chang	e of condition

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

HO. OF COPIES RECE		-	
DISTRIBUTION			
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LAND OFFICE			
TRANSPORTER	OIL		
	GAS	1 _!	
OPERATOR			
PRORATION OFFICE			
Operator			
Enron Oil &	Gas	Com	pan

	DISTRIBUTION SANTA FE FILE U.S.G.S.	l l	CONSERVATION COM FOR ALLOWABLE AND ANSPORT OIL AND I	SION NATURAL G	Effective 1-1-	d C-104 and C+1 65
1.	TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE					
	Enron Oil & Gas Compa	ny		<u> </u>		
	P. O. Box 2267, Midla Reason(s) for filing (Check proper bo		104 (0)			
	New We!I Recompletion Change in Ownership	Change in Transporter of: Oil Dry Ga Casinghead Gas Conder	≓ l lo add		d gas gatherer	
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND			·		
	Madera 10	Well No. Pool Name, Including Fo		Kind of Lease State, Federal	-	Lease No.
	Location Unit Letter M 6	60 Feet From The South Lin	990	Feet From T	west	4
	Line of Section 10 To	ownship 26S Range	33E , _{NMPM}	1,	Lea	County
III.	DESIGNATION OF TRANSPOR	ATER OF OIL AND NATURAL GA	S Address /Give address	to which approv	ed copy of this form is	to be sent)
	Enron Oil Trading & T		P. O. Box 2010 Address (Give address		port, LA 71120	
	Phillips bb Natural 6	Unit Sec. Twp. Rge.		Building,	Bartlesville,	
	If well produces oil or liquids, give location of tanks.	M 10 26 33	Yes	,	4 - 9-88	
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA CII We.l Gas Well New Well Workover Deepen Plug Back Same Resty, Diff. Resty					
	Designate Type of Completi		New Well Workover	Deepen	Plug Back Same Re	s'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 Oll/Gas Pay		Tubing Depth	
	Perforations Depth Casing Shoe					
		TUBING, CASING, AND			1	
	HOLE SIZE	CASING & TUBING SIZE	DEPTHS	ET	SACKS CE	MENT
					i	
V.	TEST DATA AND REQUEST FOIL WELL	able for this de	fter recovery of total volu pth or be for full 24 hours	r)		exceed top allow
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow	v, pump, gas uji	. etc.)	
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size	c
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.		Gas-MCF	
	CAO HELV	, L			<u> </u>	
	Actual Prod. Test-MCF/D	Length of Test	Bbis, Condensate/MMC	F	Gravity of Condensate	•
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Fressure (Shut	-in)	Choke Size	
VI.	CERTIFICATE OF COMPLIAN	ice	OIL CONSERVATION COMMISSION)N	
	·		APPROVED APR 1 3 1988 19			
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.		BY THICHNAL SIGNED BY JERRY SEXTON				
			TITLE DISTRICT I SUPERVISOR			
	Be to Allow		This form is to be filed in compliance with BULE 1104. If this is a request for allowable for a newly drilled or despendently this form must be accompanied by a tabulation of the deviation			
	(Signature) Betty Gildon, Regulatory Analyst		tests taken on the	well in accon	ned by a tebulation isnoe with AULE ti it be filled out compl	1.

(Title) 4/11/88

(Date)

All sections of this form must be filled out completely for allow able 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 multiply

HORAS OFFICE