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FILE			1
U.S.G.5.		<del> </del>	†
LAND OFFICE		1	<del>                                     </del>
IRANSPORTER	OIL	1	
	GAS	T	1
OPERATOR		1	1
PRORATION OFFICE		T	

## NEW MEXICO OIL CONSERVATION CON SION

Form C-104

	FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C- Ellocuvo 1-1-65	
	U.S.G.5.	AUTHODIZATION TO TR	AND ANSPORT OIL AND NATURAL G		
	LAND OFFICE	AOTHORIZATION TO TR	ANSFORT OIL AND NATURAL G	AS	
	TRANSPORTER OIL				
	OPERATOR GAS	_			
	PROPATION OFFICE				
1.	Operator				
	Enron Oil & Gas Compar	ıy			
	P. O. Box 2267, Midlar	nd Towns 70702			
	Reason(s) for filing (Check proper bo				
	New Well	Change in Transporter of:	Other (Please explain)		
	Recompletion	Oil Dry G	Ghange Operator	Name	
	Change in Ownership X	Casinghead Gas Conde			
	If change of ownership give name and address of previous owner	HNG OIL COMPANY, P. O.	Box 2267, Midland, Texas	79702	
Ħ.	DESCRIPTION OF WELL AND		·•	,	
	Lease Name	Well No. Pool Name, Including F	1	Lease No.	
	Pitchfork Ranch 28 Fed.	Com. 1 Pitchfork Ranc	ch Morrow   State, Federal	or Fee Federal NM19452	
	Unu Lever G . 198	30 Feel From The north	ne and 1980 Feet From T	east	
	Jan Better	reet from TheEir	Feet From T	he	
	Line of Section 28 To	wnship 24S Range	34E , NMPM, I	Lea County	
711	DESIGNATION OF TRANSPOR	TER OF <b>QUANNE NAT</b> URAL GA	4.5		
	Name of Authorized Transporter of Gi	Competition of the competition o	Address (Give address to which approve	ed copy of this form is to be sent)	
	Enron Oil Trading & Tra	insp., In Effective 1-1-93	Box 20108, Shreveport,	LA 71120	
	Name of Authorized Transporter of Ca		Address (Give address to which approve	ed copy of this form is to be sent)	
	Transwestern Pipeline (	Company Unit   Sec.   Twp.   P.ge.	Box 2521, Houston, Texa		
	If well produces oil or liquids, give location of tanks.	'G	Is gas actually connected? When	6/18/84	
	If this production is commingled wi	th that from any other lease or pool,	<u> </u>	,	
	COMPLETION DATA	th that from any other lease or poor,	give comminging order number:		
	Designate Type of Completi	on - (X)	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
ı			Total Boptin	F.B.1.D.	
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
		4			
	Perforations			Depth Casing Shoe	
ŀ	Wilnia 6.1		D CEMENTING RECORD		
-	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			*		
-	·				
., [	TECT DATA AND DECLIEST S	OP ALLOWARIES (To constitution)			
	TEST DATA AND REQUEST F OIL WELL		fter recovery of total volume of load oil a pub or be for full 24 hours)	nd must be equal to or exceed top allow	
Ī	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	, etc.)	
-					
1	Length of Test	Tubing Pressure	Casing Preseure	Choke Size	
-	Actual Pred. During Test	Cil-Bbis.	Water-Bbls.	Gas-MCF	
		1			
•		<u> </u>	· · · · · · · · · · · · · · · · · · ·	<del></del>	
_	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	
	·· · · ·				
1. (	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVAT	TION COMMISSION	
		•			
	TITLE		X 2 4 198/-, 19		
			This form is to be filed in compliance with AULE 1104.		
-	Signa (Signa	(we)	If this is a request for allowable for a newly drilled or despensivell, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	Betty Gildon, Regulator	·			
-	(Title)		All sections of this form must be filled out completely for silow able on new and recompleted wells.		
_	2/10/87		Fill out only Sections I. II.	III, and VI for changes of owner	
	(Date)		well name or number, or transporter, or other such change of condition		

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

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