Cubmit 5 Cooles
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerais and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator					-7.010	1011/12 0/	Well	API No.			
Enron Oil & Gas Com		32-275-28973									
Address P. O. Box 2267, Midl	land, Te	xas 79	702	)		· <u> </u>				)	
Reason(s) for Filing (Check proper poxi					Ouh	er (Please expu	2IN)				
New Well		Change in	Trans	sporter of:							
Recompletion	Oil	<u>_</u>	Dry								
Change in Operator	Casinghea	d Gas 📃	Cond	densate 🔲							
If change of operator give name and address of previous operator	uthland	Rovai	<u>ty</u>	Company	, 21 Des	ta Drive	, Midla	nd, Texa	s 79707		
II. DESCRIPTION OF WELL	AND LEA	ASE									
Lease Name			Pool	Name, includi	ng Formation		Kind	of Lease Fe	d L	ease No.	
Vaca Ridge "30" Fed	Com	1		Pitchfor	k Ranch	(Morrow)	) State,	Federal or Fe	e NM	28881	
Location											
Unit Letter K	<u> </u>	0	Feet	From The	south Lin	e and	0 F	et From The	west	Line	
Section 30 Townsh	24S			34E			Lea				
Section 30 Townsh	ip 243		Rans	ge Jar	, N	MPM,	Lea			County	
III. DESIGNATION OF TRAN	SPORTE	R OF O		ND NATU			<del> </del>	<del></del>	<del> </del>		
The state of the s		or conden	IMALE		Address (GI)	e address to wi	rich approved	copy of this	orm is to be si	ent)	
iame of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids,	. Rge.	is gas actually connected? When ?					-				
give location of tanks.	<del></del>	30	24		No						
If this production is commingled with that  IV. COMPLETION DATA	from any other	er lease or	pooi,	give comming	ing order num	ber:					
IV. COMPLETION DATA		louw u		<u> </u>	1				<del>,</del> _		
Designate Type of Completion	- (X)	Oil Well	i	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi. Ready to Prod.				Total Depth	X -SWD	l	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 ANI					CEMENTI	NG RECOR	D				
HOLE SIZE CASING & TUBING SIZE				SIZE	DEPTH SET			SACKS CEMENT			
						·					
	<del></del>									<del></del>	
	<u>:</u>							<u> </u>			
V. TEST DATA AND REQUES	CT POD A	LLOW	DI	<u> </u>				·			
Date First New Oil Run To Tank	d oil and must	t be equal to or exceed top allowable for this depth or be for full 24 hours.)									
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test Tubing Pressure					Casing Pressure Choke Size						
Tuolag Troseit											
Actual Prod. During Test Oil - Bbls.					Water - Bbls.			Gas- MCF			
				· ·			<del></del>				
GAS WELL											
Actual Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of (	Gravity of Condensate		
Testing Method (puot, back pr.)  Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
											VI. OPERATOR CERTIFIC
					(	DIL CON	ISERV.	ATION	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above											
is true and complete to the best of my knowledge and belief.					Dato	Approve	d	MAR U.S. 1994			
B. Vino					Dale	Vhhi ove	u				
Butty fell	<u> </u>				<sub>D.</sub> ,						
Signature Sildon, Regula	atory Ar	nalvet			By_				•		
Printed Name Title					Title DISTRICT I SUBSE VISOR						
2/10/94	915/6	86-37			ll me	<del></del> -	DISTRI	CT I SUPER	VISOR	<del></del> -	
Date Telephone No.											

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.