md. 0/ C3+1f4 mt		!	
DISTRIBUT		Ī	
SANTA FE			1-
FILE			1-
U.S.G.S.	 	 	
LAND OFFICE	1	 	
TRANSPORTER	OIL		
	GAS		
OPERATOR			

NEW MEXICO OIL CONSERVATION CO REQUEST FOR ALLOWARD

HON

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

Form C-104

	FILE		REGUE.	SI FUR AL	LOWABLE	Si	ipersedes Old C-104 and		
	U.S.G.S.		AUTHODIZATION TO T	AND		Ļ.	llectrae 1-1-62		
	LAND OFFICE		AUTHORIZATION TO T	KANSPOR					
	TRANSPORTER OIL								
	GAS								
	OPERATOR		-م ۵	PI 30-025-29717					
1.	PRORATION OFFICE		1	_					
	Enron Oil & Gas Co		_						
	Address	mpany							
	P. O. Box 2267, Mi	dland	l. Teyas 70702						
	Reason(s) for Hing (Check pro	per box)	15 TEXAB 73702						
	New Well		Change in Transporter of:		Other (Please explain)				
	Recompletion		OII · Dry	Gos T	Change Opera	tor Nama			
	Change in Ownership X			densate	ondinge opera				
	If change of ownership give n								
	and address of previous owner		HNG Oil Company, Box	2267, M	idland, Texas 7	9702			
				·	· · · · · · · · · · · · · · · · · · ·	····	···		
и.	DESCRIPTION OF WELL	AND L	EASE			;			
	Madera 32 State		Well No. Pool Name, Including 3 Pitchfork R	Formation	846/ 7-1-5 Kind of Le	gse .	Lease No		
	Location		3 Pitchfork R	anch Ato	ka State, Fed	eral or Fee St	ate LG-359		
	Name to an a	1650	_		•				
	Unit Letter K;	1000	Feet From The South	.ine and	2310 Feet Fro	m The <u>Wes</u>	<u>t</u>		
	Line of Section 32	Town	ship 245 Range	27.5					
	EOTT Energy Operati		Z45 Nunge	34E	, NMPM,	Lea	County		
III.	DESIGNATION OF TRIVE	PORTE	ER OF OIL AND NATURAL G	AS		,			
	Name of Authorized Transporter	et 011 [or Condensate	Andress (Give adaress to which app	roved copy of th	is form is to be sent!		
	Enron Oil Trading	& Trai	nsp. Co. House	Box 20	0108. Shrevenort	ΙΔ 7112	^ ∩		
	Name of Authorized Transporter		or Dry Gas 📆	Address (ive address to which app	roved copy of th	is form is to be sent)		
	Enron Oil & Gas Cor		Illigative 12 50	Box 2	267, Midland, Te				
	If well produces oil or liquids, give location of tanks.		Unit Sec. Twp. R.ge.	is gas act		Vhen			
1		- <u></u>	K 32 24 34	Yes		1/30/87			
w	If this production is commingle COMPLETION DATA	ed with	that from any other lease or pool	, give comm	ingling order number:				
		·	OII Well Gas Well	New Well	Wolkover Decher				
	Designate Type of Comp	pletion	- (X)		Workover Deeper.	Plug Back	Same Resty, Diff. Rest		
	Date Spudded	[Date Compl. Ready to Prod.	Total Dept	h	P.B.T.D.	· · · · · · · · · · · · · · · · · · ·		
ŀ		1	•			F.B.1.5.			
1	Elevations (DF, RKB, RT, GR, e	tc., N	lame of Producing Formation	Top 011/G	as Pay	Tubing Dept	h		
				i					
- 1	Perforations					Depth Casin	g Shoe		
-									
-	TUBING, CASING, AND CEMENTING RECORD								
-	HOLE SIZE		CASING & TUBING SIZE		DEPTH SET	SA	CKS CEMENT		
<u> </u>									
 									
-				-					
V 1	TEST DATA AND REQUES	T EOP	ALLOWARIE OF	- 					
(OIL WELL		able for this de	after recovery epth or be for	of total volume of load oi. full 24 hours)	land must be eq	wal to or exceed top allow		
Ī	Date First New Cil Run To Tanks Date of Test			Producing Method (Flow, pump, gas lift, etc.)					
Ĺ							•		
[]	Length of Test	T	ubing Pressure	Casing Pre	scure	Choke Size			
_							•		
	Actual Prod. During Test	0	II - Bbla.	Water - Bble	•	Gas - MCT			
ı_						<u> </u>			
	GAS WELL						-		
	Actual Prod. Tool-MCF/D	11.	ength of Test	DNI- Cont		······································			
			and the feet	BBIS. Cond	inagio/MMCF	Gravity of Co	ndensate		
-	Testing Method (pitot, back pr.)	Tu	bing Pressure (Shut-in)	Cosina Free	ewo (Shut-in)	Choke Size			
		ĺ	(and an ,		(2220 111)	Chore Sire			
71. C	ERTIFICATE OF COMPLI	ANCE		<u> </u>	OH CONCEDIA	. T. C			
	Entre of Com El	nice	. 1		OIL CONSERVA				
1	hereby certify that the rules e	nd recu	lations of the Oil Conscruation	APPROVED MAR 2 4 1987 18					
C	ommission have been complied	d with	and that the information given						
۵۵	above is true and complete to the best of my knowledge and belief.			DY ORIGINAL SIGNED BY JERRY SEXTON					
				TITLE DISTRICT I SUPERVISOR					
	C 11				F F				
	Kerry Xinn		Thin form is to be filed in compliance with RULE 1102.						
_	- And And	ignature)	If this is a request for allowable for a nawly drilled or despen- well, this form must be accompanied by a tabulation of the deviction					
	Betty Gildon, Regulatory Analyst			tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow					
		(Title)			ections of this form mu aw and recomileted we		t completely for ello-		
	2/10/87			t			for therees if owner		
	(Date)				Fill out only Sections I. II. III. see AT for chennes of owner well name or number, or transporter, or other such change of condition				