DISTRIBUTION		
SANTA FE		
FILE		
U.\$.G.\$.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION OF	-	

4/6/87

(Date)

	DISTRIBUTION						
	SANTA FE	NEW MEXICO OIL O	-	_ Form C+104			
	FILE	KEQUESI	FOR ALLOWABLE	Supersedes Old C-104 and C-1 Elloctive 1-1-65			
		-{	AND				
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	_ GAS			
	LAND OFFICE						
	OIL						
	TRANSPORTER GAS	7					
	 						
	OPERATOR	_					
I.	PRORATION OFFICE		·				
	Operator						
	Enron Oil & Gas Compa	ny (Formerly HNG Oil Comp	anv)				
	Address						
	D 0 Dog 2267 William	P. O. Box 2267, Midland, Texas 79702					
	Reason(s) for I-ling (Check proper bo	x)	Other (Please explain)				
	New Well	Change in Transporter of:					
	Recompletion	OII '' Try Go	ıs 🗍				
	Change in Ownership	Casinghead Gas nde	nsate				
				· · · · · · · · · · · · · · · · · · ·			
	If change of ownership give name						
	and address of previous owner						
	•						
11	DESCRIPTION OF WELL AND	IFACE		:			
14.	Lease Name	Well No. Pool Name, Including F	ormation p. 8461 7-/-87Kind of Le	ase Lease No.			
				_			
	Madera 33 Federal Com	. 3 Pitchfork Ran	ch Atoka Laz	Federal NM 19861			
	Location						
	Unit Letter L 19	80 Feel From The south Lir	se and 660 Feet Fro	m The West			
	Onk Letter	reet riom riie cii	reet 110	ia The			
	22 -	2/5	2/7 NUTH	Ion			
	Line of Section 33 To	ownship 24S Range	34E , NMPM,	Lea County			
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS	<u> </u>			
	Name of Authorized Transporter of O.		Address (Give address to which app	proved copy of this form is to be sent)			
	Enron Oil Trading & T	ransn Co	P. O. Box 20108, Shre	venort IA 71120			
	Name of Authorized Transporter of C			proved copy of this form is to be sent)			
	l -:			•			
	Enron Oil & Gas Compa		P. O. Box 1188, Houst	on, Texas //001			
	If well produces oil or liquids,	Unit Effective wi-1-93°	Is gas actually connected?	When			
	give location of tanks.	L 33 24 34	No I				
		ith that from any other lease or pool,	give comminging order number:	· · · · · · · · · · · · · · · · · · ·			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty			
	Designate Type of Complete	(Y) '	1 1	Plug Back - Same Resiv. Dill. Resiv			
	Designate Type of Complete		<u> </u>	1 1			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	1-23-87	3-7-87	13,960'	13,921'			
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth			
		•	1	2-7/8" at 13,007'			
	3421.0' GR	Atoka	13,865'				
	Periorations			Depth Casing Shoe			
	13,865 - 13,877						
		TURING CASING AN	D CEMENTING RECORD				
				SACKS CEMENT			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET				
	14-3/4"	11-3/4"	626'	250 DLW & 165 C1 C			
	10-5/8"	8-5/8"	5178'	1350 DLW & 275 C1 C			
	7-7/8"	5-1/2"	13350'	950 DLW & 450 C1 H			
			13960' TOL: 130	07' 110 C1 H			
	4-3/4"	3-1/2" Liner	<u> </u>				
V.	TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a	feer recovery of total volume of load to	oil and must be equal to or exceed top allow			
	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 Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)			
İ							
	Length of Tust	Tubing Pressure	Casing Precoure	Choke Size			
	mandin or year	_	•	,			
1			Water-Style	Gas - MCF			
i	Actual Prod. During Test	Oll-Bbls.	Water-Bbls.				
			<u> </u>				
	CACUET						
	GAS WELL	I see a Const	Bbls. Condensate/MMCF	Gravity of Condensate			
	Actual Prod. Tret+MCF/D	Length of Test		1			
	1900	24	1.5	31.0			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	Back Pressure	5000	Sealed	Adjustable			
							
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.		OIL-CONSER'	VATION COMMISSION			
			APPROVED APR. 1 7 1987 Orig. Signed by EY Paul Kauts Geologist				
	Λ	·* ·	TITLE	-			
				- compliance with any E 1101			
Rotte Selden			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly chiled or despend				
							(signature)
	Retty Cildon Regulatory Analyst		tests taken on the well in accordance with RULL 111.				
	Betty Gildon, Regulatory Analyst		All sections of this form must be filled out completely for al				
(Tule)			able on new and recompleted	MATTE.			

All sections of this form must be filled out completely for shown she can new and recompleted wells.

Fill out only Sections I. H. Hi, see VI for changes of owner well name or number, or transporter, or other such change of conditions of the condition of the co