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SANTA FE				
FILE				
U.S.G.S.		<u> </u>		
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR				
PRORATION OFFICE			l	

	SANTA FE REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and C-1 Elloctive 1-1-65				
- 1	FILE						
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	SAS			
ļ	LAND OFFICE						
	TRANSPORTER OIL	1					
	GAS	-					
	OPERATOR DESIGN	1					
1.	PRORATION OFFICE Operator	L					
	,	pany (Formerly HNG Oil Company)					
	P. O. Box 2267, Midland, Texas 79702						
	Reason(s) for filing (Check proper box,		Other (Please explain)				
	New Well	Change in Transporter of:		4.4			
	Recompletion	Oil Dry Gas	≒				
	Change in Ownership	Casinghead Gas Conden	Sure L.J				
	If change of ownership give name and address of previous owner						
11	DESCRIPTION OF WELL AND	LEASE		<u> </u>			
14.	Lease Name	Well No. Pool Name, Including Fo	ormation 2.54 () (47Kind of Lease	Lease No.			
	Madera 33 Federal Com.	3 Pitchfork Rand	ch Atoka State, Fodera	lorFee Federal NM 19861			
	Location						
	Unit Letter L 198	O Feet From The South Line	e and 660 Feet From 5	The West			
	22 -	waship 24S Range	34E , NMPM,	Lea County			
				,			
III.	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GA □ or Condensate \(\frac{\fir}\fint{\frac{\fin}}}}{\firac{\frac{\frac{\frac{\fir}{\frac{\frac{\fir}{\fir}}}}}}{\frac{\frac{\fir}{\firac{\frac{\fir}{\fir}}}}}{\frac{\frac{\fii}}{\firac{\fir\f{\fir}}{\firighta}}}}}{\firac{\firac{\f{\	S Address (Give address to which approx	ved copy of this form is to be sent)			
	Enron Oil Trading & Transp. Co. P. O. Box 20108, Shreveport, LA 71120						
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved cop				ved copy of this form is to be sent)			
	Enron Oil & Gas Compan	у	P. O. Box 1188, Houston				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Age. L 33 24 34	No When the No	en			
	<u></u>	th that from any other lease or pool,	give commingling order number:	,			
	COMPLETION DATA	Cil Well Gas Weli	New Well Workover Deepen	Plug Back Same Hesty, Diff. Resty			
	Designate Type of Completion	X = (X)	Total Depth	P.B.T.D.			
	Date Spudded 1-23-87	Date Compl. Ready to Prod. 3-7-87	13,960'	13,921'			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top C!1/Gas Fay	Tubing Depth			
	3421.0' GR	Atoka	13,865'	2-7/8" at 13,007'			
	Perforations 13,865 - 13,877						
	13,003 13,077	TUBING, CASING, AND	CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	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			
	4-3/4"	3-1/2" Liner	13960' TOL: 13007				
V.	V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top a able for this depth or be for full 24 hours)						
Date First New Cil Aun To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)							
		Turing Pressure	Casing Pressure	Choke Size			
	Length of Test	, acting 1 rounding		,			
	Actual Prod. During Test	Oil-Bbls.	Water - Buls.	Gas-MOF			
			<u></u>				
	OAG WOLK						
	Actual Prod. Test-MOF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	1900	24	1.5	31.0			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Fressure (Shut-in)	Choxe Size Adjustable			
	Back Pressure	5000	Sealed OUE-CONSERVA				
VI.	VI. CERTIFICATE OF COMPLIANCE OIL-CONSERVATION COMMISSION APR 1 7 1987						
I hereby certify that the rules and regulations of the Oil Conservation			APEROVED	APEROVED			
Campiantes have been complied with and that the information fiven it		Orig. Signed by					
	above is true and complete to the best of my knowledge and belief.		TITLE to be filed in compliance with RULE 1104.				
			If this is a request for allowable for a newly drilled or deenen- well, this form must be accompanied by a tabulation of the davietic				
	(SIE	iatwe)	li teste taken on the well in accordance with Rubb ill.				
	Betty Gildon, Regulatory Analyst		All sections of this form must be filled out completely for allo-				

(Title)

(Date)

4/6/87

All sections of this form must be filled out completely for allocable on new and recompleted wells.

Fill out only Sections I. II. III. see VI for changes of owns well name or number, or transporten or other such change of conditions.

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