 		L	
DISTRIBUTION			1
SANTA FE			1
FILE		1	
U.S.G.S.		1	
LAND OFFICE		1	
TRANSPORTER	OIL		
	GAS		
OPERATOR			
00000471011		†	

NEW MEXICO OIL CONSERVATION CC ISSION

FILE	REQUE	REQUEST FOR ALLOWABLE		
U.S.G.S.	AUTHORIZATION TO	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL COS		
LAND OFFICE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
TRANSPORTER OIL	\			
OPERATOR GAS				
PRORATION OFFICE		\		
Operator				
Enron Oil & Gas Co	ompany			
P. O. Box 2267, M	dland, Texas 79702			
Reason(s) for filing (Check pro		Other (Please explain	7	
Recompletion	Change in Transporter of:			
Change in Ownership		y Gas		
If change of ownership give n and address of previous owne	ame		·	
II. DESCRIPTION OF WELL	AND LEASE	R-8483 8/1/87		
Madera 28 Federal	Well No. Pool Name, Includin	5-7	Legse No.	
Location Location	Com. 2 Pitchfork	Ranch Atoka Jaz State, F	ederal or Fee Federal NM 15684	
Unit Letter N	Feet From The South	Line and 2200 Feet i	From The West	
Line of Section 28	Township 24S Range	34E , NMPM,	Lea	
III DECLOSIONAL DE LA CONTRACTOR DE LA C		, INVIEW,	Lea County	
Name of Authorized Transporter	PORTER OF OIL AND NATURAL of Cil or Condensate X	GAS		
		Address (Give address to which of	approved copy of this form is to be sent)	
Name of Authorized Transporter	Transp Company	Box 1188, Houston, T	Page 17251 Approved copy of this form is to be sent)	
Transwestern Pipel:	ine Compart fective 1-1-93	Box 2521, Houston, T	Cexas 77001	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
	N 38 24 34	-No Ufes	5/29/87	
IV. COMPLETION DATA	d with that from any other lease or poo	l, give commingling order number:		
Designate Type of Comp	Oli Well Gas Weli	New Well Workover Deeper	Plug Back Same Res'v. Diff. Res'v	
Date Spudded	X	X	January Din Mes.	
3/10/87	Date Compl. Ready to Prod. 5/12/87	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, es	2.) Name of Producing Formation	13,945 ¹ Top O!!/Gas Pay	13,906	
3454.8' GR	Atoka	13,869	Tubing Depth 2-7/9!! at 12 007!	
Perforations 13,869 - 13,875			2-7/8" at 12,997 ¹ Depth Casing Shoe	
13,809 - 13,875			13,300'	
HOLE SIZE	TUBING, CASING, AN	ND CEMENTING RECORD		
15-1/4"	11-3/4"	623'	SACKS CEMENT	
10-5/8"	8-5/8"	5210'	250 DLW & 165 C1 C	
7-7/8"	5-1/2"	13300'	1350 DLW & 275 C1 C	
4-3/4"	3-1/2" Liner	13944' TOL: 12997'	950 DLW & 450 C1 H	
V. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be	after recovery of total volume of load	oil and must be equal to or exceed top allow-	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga.		
		readering injection (1 tow, pump, ga.	· · · · · · · · · · · · · · · · · · ·	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test				
Actual Float During 1004	Oll-Bbis.	Water - Bbls.	Gan-MCF	
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
1800	24 hours	40	35.0	
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPLIA	6170	Sealed	16/64"	
CERTIFICATE OF COMPER	EI CE		VATION COMMISSION	
I hereby certify that the rules ar	d regulations of the Oil Conservation	APPROVED HIN	26 1987	
Commission have been complied	i with and that the information given the best of my knowledge and belief.	ORIGINAL SIGNED BY JERRY SEXTON		
Sara and and complete to	best of my knowledge and belief.			
TITLE DISTRICT I SUPERVISOR This form is to be filed in compliance with a		UFERTIOUR		
		This form is to be filed in	Compliance with All F 1104	
brand Viric	XOL XOL	If this is a request for all	owable for a newly drilled or despend	
Betty Gildon, Reg	ullatory Apolyce	well, this form must be accomp tests taken on the well in acc	panied by a tabulation of the deviction	
	SULUEULY AMALYSE	1	· ····	

Betty Gildon, Regulatory Analyst (Title) 5/27/87

(Date)

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

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

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

