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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION CO. MMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-1
 Effective 1-1-65

I. Operator
 Operator
Enron Oil & Gas Company
 Address
P. O. Box 2267, Midland, Texas 79702

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Madera 33 Federal Com.</u>	Well No. <u>4</u>	Pool Name, including Formation <u>Pitchfork Ranch Atoka</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM 21511</u>
Location Unit Letter <u>J</u> ; <u>2308</u> Feet From The <u>south</u> Line and <u>1980</u> Feet From The <u>east</u>				
Line of Section <u>33</u> Township <u>24S</u> Range <u>34E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>Enron Oil Trading & Transportation Co.</u>	<u>P. O. Box 20108, Shreveport, LA 71120</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>Enron Oil & Gas Company</u>	<u>P. O. Box 2267, Midland, Texas 79702</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>L</u> Sec. <u>33</u> Twp. <u>24</u> Rge. <u>34</u>	Is gas actually connected? <u>No</u> When <u>1-20-87</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>7/19/87</u>	Date Compl. Ready to Prod.		Total Depth <u>14,000'</u>		P.B.T.D. <u>13,945'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3395.8' GR</u>	Name of Producing Formation <u>Atoka</u>		Top Oil/Gas Pay <u>13,892'</u>		Tubing Depth <u>2-7/8" at 13,026'</u>			
Perforations <u>13,892' - 13,904'</u>					Depth Casing Shoe <u>13,300'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>14-3/4</u>	<u>11-3/4</u>		<u>611</u>		<u>250 DLW & 165 C1 C</u>			
<u>10-5/8</u>	<u>8-5/8</u>		<u>5250</u>		<u>1350 DLW & 275 C1 C</u>			
<u>7-7/8</u>	<u>5-1/2</u>		<u>13300</u>		<u>950 DLW & 450 C1 H</u>			
<u>4-3/4</u>	<u>3-1/2 Liner</u>		<u>14000 TOL: 12972</u>		<u>135 C1 H</u>			

V. 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 Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D <u>384</u>	Length of Test <u>24 hours</u>	Bbls. Condensate/MMCF <u>7.8</u>	Gravity of Condensate <u>58.1</u>
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>4470</u>	Casing Pressure (Shut-in) <u>Sealed</u>	Choke Size <u>16/64"</u>

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.

Betty Gildon
 (Signature)
 Betty Gildon, Regulatory Analyst
 (Title)
9/28/87
 (Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 2 1987, 19____
 BY JERRY SEXTON
 DISTRICT I SUPERVISOR
 TITLE _____

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable 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