

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Enron Oil & Gas Company	Well API No. 30 025 31798
Address P. O. Box 2267, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Diamond SM-36 State	Well No. 2	Pool Name, including Formation Pitchfork Ranch (Morrow)	Kind of Lease State State, Federal or Fee	Lease No. LG-4235
Location Unit Letter <u>N</u> : <u>990</u> Feet From The <u>south</u> Line and <u>1980</u> Feet From The <u>west</u> Line Section <u>36</u> Township <u>24S</u> Range <u>33E</u> , <u>NMPM</u> 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) EOTT Energy Corp P. O. Box 1188, Houston, Texas 77251			
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) Enron Oil & Gas Company P. O. Box 2267, Midland, Texas 79702			
If well produces oil or liquids, give location of tanks.	Unit <u>N</u>	Sec. <u>36</u>	Twp. <u>24</u>	Rge. <u>33</u>
	Is gas actually connected?		When ?	
	<u>Yes</u>		<u>4-12-93</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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		<u>X</u>	<u>X</u>					
Date Spudded <u>12-29-92</u>	Date Compl. Ready to Prod. <u>3-19-93</u>	Total Depth <u>15,560</u>		P.B.T.D. <u>15,394</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>3477' GL</u>	Name of Producing Formation <u>Morrow</u>	Top Oil/Gas Pay <u>15,275</u>		Tubing Depth <u>None</u>				
Perforations <u>15,275-15,353 & 14,725-14,735</u>				Depth Casing Shoe <u>15,556</u>				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>20</u>	<u>16</u>	<u>664</u>	<u>620 Hallib Prem Plus C</u>
<u>14-3/4</u>	<u>10-3/4</u>	<u>5150</u>	<u>3000 Hallib Prem Plus</u>
<u>9-1/2</u>	<u>7-5/8</u>	<u>13300</u>	<u>1725 Hallib Lite Prem</u>
<u>6-1/2</u>	<u>3-1/2</u>	<u>15556</u>	<u>625 Hallib Prem</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 Tank	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>1000</u>	Length of Test <u>24 hrs</u>	Bbls. Condensate/MMCF <u>0</u>	Gravity of Condensate <u>-</u>
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>2800</u>	Casing Pressure (Shut-in) <u>425</u>	Choke Size <u>22/64</u>

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division 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
Printed Name
4-15-93
Date
915/686-3714
Telephone No.

OIL CONSERVATION DIVISION

APR 19 1993

Date Approved

By

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.