

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator ENOC OIL COMPANY	
Address P. O. Box 767, Midland, Texas 79701	
Reason(s) for Filing (Check proper box)	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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Vance "30"	Well No. 2	Pool Name, including Formation Dollarhide/Devonian	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter K	2210	Feet From The West	Line and 1650	Feet From The South
Line of Section 30	Township 24-S	Range 38-E	, NMPM, Lea County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Texas-New Mexico Pipe Line Co.	P. O. Box 1510, Midland, Texas 79701			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Company	600 Bldg. of Southwest, Midland, Texas 79701			
If well produces oil or liquids, give location of tanks.	State N	Sec. 30	Twp. 24-S	Rge. 38-E
	Is gas actually connected?			When 6-17-72

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 checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-7-72	Date Compl. Ready to Prod. 6-17-72	Total Depth 7,920'	F.S.T.D. 7880'					
Elevations (DF, RKB, RT, GR, etc.) 3104' GR.	Name of Producing Formation Devonian	Top Oil/Gas Pay 7,780'	Testing Depth 7858'					
Perforations 7870'-73'	W/6 - 720 Gr. Devil	Depth Casing Shoe 7920'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	11 3/4"		632'		500 skx.			
11"	8 5/8"		3830'		1500 skx.			
7 7/8"	5 1/2"		7920'		600 skx.			

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 6-17-72	Date of Test 7-1-72	Producing Method (Flow, pump, gas lift, etc.) Pump		
Length of Test 24	Tubing Pressure 40	Casing Pressure 40	Choke Size --	
Actual Prod. During Test 109	Oil-Bbls. 106	Water-Bbls. 3	Gas-MCF 915	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.


(Signature)

Admin. Ass't. to Dist. Supt.
(Title)

July 12, 1972
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 14 1972**, 19
BY **John Runyan**
Geologist

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 completed wells.

RECEIVED

JUL 13 1971

CALIFORNIA CONSERVATION COMMISSION
SACRAMENTO, CALIF.