NO. DF COPIES NEC	EIVEO	1	
DISTRIBUTION		1	1
SANTA FE			
FILE		1	$\Box$
U.S.G.S.		i	
LAND OFFICE		1	
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

	SANTA FE FILE	REQUES	L CONSERVATION CL ISSION ST FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C Ellective 1-1-65		
	U.S.G.S.  LAND OFFICE  IRANSPORTER OIL  GAS	AUTHORIZATION TO T	RANSPORT OIL AND NATURAL GAS	<b>;</b>		
	OPERATOR  PRORATION OFFICE Operator					
	Enron Oil & Gas Comp	any				
	P. O. Box 2267, Mid1	and. Texas 79702				
	Reason(s) for filing (Check proper to New We!)	pox)	Other (Please explain)			
	Recompletion Change in Ownership		Gas			
	If change of ownership give name and address of previous owner					
Ľ	I. DESCRIPTION OF WELL AN	D LEASE.   Well No.   Pool Name, Including				
	Elliott 31 Federal	8 Dollarhide D		Fee Federal LC069052		
	Unit Letter E : 16	50 Feet From The north L	ine and 990 Feet From The	west		
	Line of Section 31 7	Township 24S Range	38E , <sub>NMPM</sub> , Lea	l County		
III	. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	GAS			
	Name of Authorized Transporter of C Enron Oil Trading &	or Condensate	Address (Give address to which approved c			
	Name of Authorized Transporter of C	asinghead Gas X or Dry Gas	P. O. Box 20108, Shrevepo	rt, LA 71120  opy of this form is to be sent)		
	El Paso Natural Gas  If well produces oil or liquids,	CO. Unit   Sec.   Twp.   P.ge.	P. O. Box 1492, E1 Paso, Is gas actually connected? When	Texas 79978		
	give location of tanks.	D 31 24 38	Yes	8/1/72		
IV.	If this production is commingled w. COMPLETION DATA	with that from any other lease or pool	, give commingling order number:	·		
	Designate Type of Complet	ion - (X)	New Well Workover Deepen Plu	g Back   Same Res'v. Diff. Res'v		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth P.E	B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oll/Gas Pay Tub	oing Depth		
	Perforations		Dep	th Casing Shoe		
		TUBING, CASING, AN	ID CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
V.	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)					
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.	1.		
	Length of Test	Tubing Pressure	Casing Pressure Cho	ke Size		
	Actual Prod. During Teet	Oil-Bbis.	Water-Sbis. Gas	•MCF		
Į						
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF Grav	ity of Condensate		
-	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) Chol	· Size		
	CEPTIFICATE OF GOVERNMENT	on.				
•	CERTIFICATE OF COMPLIAN	ICATE OF COMPLIANCE OIL CONSERVA		•		
•	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.		BY MAR 3 1 1987 . 19			
	C	·• .	TITLE DISTRICT I SUPE			
•	Betty Gildon, Regulatory Analyst  (Title) 3/23/87		This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation			
-						
_			tests taken on the well in accordance All sections of this form must be f	WITH RULE 111.		
_			able on new and recompleted wells.  Fill out only Sections I, II, III, and VI for changes of owner.			
_	(Da	(e)	well name or number, or transporter, or o	ther such change of condition.		

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

MAR 2 A 1987

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MORES OFFICE