Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico rgy, Minerals and Natural Resources Depart

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

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

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

I.	REQU	JEST FO	OR AL	LOWA	BLE AND	AUTHOR	IZATION iAS				
Operator Enron Oil & Gas Company							Well	Well API No. Unknown			
P. O. Box 2267, Midland, Texas 79702							Un	Known			
Reason(s) for Filing (Check proper box)	midiand	, iexa	s /9/	02	О	her (Please exp	lain)				
New Well Recompletion	Oil	Change in	_	_	_						
Change in Operator	Casinghea	d Gas 🔲	Dry Gas Condens			Effecti	ve 9/	1/90			
If change of operator give name and address of previous operator Am	oco Pro	ductio	n Com	pany.	Box 68.	Hobbs.					
II. DESCRIPTION OF WELL											
Lease Name Well No. Pool Name, Includ					- E 2			d of Lease FEDERAL Lease No.			
Andrikopoulos Federal	S PIOT FOW			, recent of re	×e N	M 24490					
Unit LetterL	198	80	Feet Pro	m The	south L	ne and660	F	eet From The	west	Line	
Soction 24 Townshi EOTT Energy Operating LP	p 25S		Range	33	3E , N	ІМРМ,		L	.ea	County	
III. DESIGNAYION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil Enron Oil Trading & Transp Cottlective 4-1-94 Box 1188, Houston, Texas 77001											
Name of Authorized Transporter of Casinghead Clay T. Endruger Dry Gas XX						Address (Give address to which approved copy of this form is to be sent)					
Paso Natural Gas Company Line gy Corp. well produces oil or liquids, Unit Elife Live Trape 93 Rge					1 . 0 . DOX 1402 . E1			Paso. Texas			
give location of tanks.	<u>i L i</u>	24	25	33		Yes	When	3-1 9- 80			
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA											
Designate Type of Completion	- (7)	Oil Well	Ga	s Well	New Well	Workover	Deepen	Piug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi	. Ready to	Prod.		Total Depth	L	<u> </u>	P.B.T.D.	1		
Elevations (DF, RKB, RT, GR, etc.)	Name of De	which For			Top Oil/Gas	Day					
					Top Old Old Tay			Tubing Depth			
Perforations								Depth Casing Shoe			
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE											
TIOLE SIZE	CASING & TUBING SIZE				DEPTH SET			·· SACKS CEMENT			
					-						
IL 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	Producing Me	exceed top allo whod (Flow, pur	wable for this np. gas lift. e	depth or be fac.)	or full 24 hou	rs.)					
ength of Test								-			
ceagus or rest	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
GAS WELL				L			······································				
crual Prod. Test - MCF/D Length of Test					Bbis. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
/L OPERATOR CERTIFICATE OF COMPLIANCE						· · · · · · · · · · · · · · · · · · ·		<u> </u>			
I hereby certify that the rules and regulations of the Oil Conservation					C	IL CON	SERVA	TIONE	DIVISIC)N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					OIL CONSERVATION DIVISION Date Approved						
River Xinn.					Date	vbbiosed					
Signature Betty Gildon, Regulatory Analyst					ByEddie W. Seav						
Printed Name Title					By Eddie W. Secry						
9/27/90 915/686-3714 Date Telephone No.						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.