ı	CO. OF COPIES RECEIVED	1			
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ŀ	DISTRIBUTION		ONSERVATION COMM. SION	Form C-104	
-	SANTA FE	4 REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1 Elfoctive 1-1-65	
	FILE	4	AND	· -	
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	\$ 30-625-2761/	
	LAND OFFICE	_		313 317076	
	TRANSPORTER GAS				
Ì	OPERATOR				
1.	PRORATION OFFICE				
	Enron Oil & Gas Compa	ny			
	P. O. Box 2267, Midland, Texas 79702				
	Reason(s) for filing (Check proper box)	Other (Please explain)		
i	New Well	Change in Transporter of:	Effective 5/1/88		
	Recompletion	Oil Dry Ga			
	Change in Ownership XX	Casinghead Gas Conden	$_{ ext{sate}} \square \mid ext{Mobil Producing} \mid$	TX & NM Inc.	
	If change of ownership give name and address of previous owner	Mobil Producing TX & NM	Inc., 9 Greenway Plaza, S	Ste 2700, Houston, Texas 7704	
II.	DESCRIPTION OF WELL AND	LEASE. Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.	
	Paduca Federal Unit C		1	Fee Federal NM 16354	
	Location Unit Letter H : 1	980 Feet From The north Line	e and 660 Feet From The	east	
	Line of Section 22 To	wnship 25S Range	32E , NMPM, Lea	County	
H.,	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to which approved	conv of this form is to be sent?	
				,, je.m. 10 10 00 01,	
	None Name of Authorized Transporter of Car	singhead Gas or Dry Gas X	Address (Give address to which approved	conv of this form is to be sent!	
			4001 Penbrook, Odessa, To	• • •	
	Phillips 66 Natural G		Is gas actually connected? When		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Yes	2/2/84	
	f this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA				
	Designate Type of Completic	on - (X) Gas Well	New Well Workover Deepen	Plug Back [†] Same Res'v. Diff. Res'	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
- 1					
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
		TUDING CASING AND	CENENTING BECORD		
ļ			CEMENTING RECORD	STOKE CEVENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		<u> </u>	<u>i</u>		
V.	TEST DATA AND REQUEST F		fter recovery of total volume of load oil an	d must be equal to or exceed top allo	
	OIL WELL	able for this de	pth or be for full 24 hours)		
Ī	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,		
į			Coulo Davido	Chaka Siza	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
			Water Bhie	Gas-MCF	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Ode - MOF	
ţ		<u> </u>	·		
	GAS WELL		T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
[Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	

Actual Prod. Test-MCF/D

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

Length of Test

I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)

(Title)

(Date)

Betty Gildon, Regulatory Analyst

5/11/88

Tubing Pressure (Shut-in)

OIL CONSERVATION COMMISSION

Choke Size

APPROVED	MAY 1	2 1988	, 19
BYORIGI	NAL SIGNED B		TON

Casing Pressure (Shut-in)

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 sllow able 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