	DISTRIBUTION		~	
I	SANTA FE	1	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65
	U.S.G.5.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL (GAS
	TRANSPORTER OIL GAS			
	OPERATOR PHORATION OFFICE	-		
	Operator Enron Oil & Gas Company			
	Address P. O. Box 2267, Midland, Texas 79702			
	Reason(s) for Filing (Check proper box New Well)	Other (Please explain)	
	Recompletion	Change in Transporter of: Oil Dry Go		
	Change in Ownership X	Casinghead Gas Conde	nsate Change Operator	r Name Effective 4/1/88 Houston,
	If change of ownership give name and address of previous owner	Mobil Producing TX & N	M Inc., 9 Greenway Plaza	, Suite 2700, Texas 770
11.	DESCRIPTION OF WELL AND Lease Name	LEASF. Well No.; Pool Name, Including F	ormation Kind of Lease	
	Ochoa Federal	1 Draper Mill W		Lease No. NM-26079
		30 Feel From The north Lir		
	1		33Е , ммрм,	Lea County
III.	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GA		
	Nome of Authorized Transporter of Oil Koch Oil Company	or Condensate 🕅	Address (Give address to which approx Box 1558, Breckenridge,	
	Name of Authorized Transporter of Cas Transwestern Pipe Line		Address (Give address to which approv	yed copy of this form is to be sent)
	If well produces oil or liquids,	Unit Sec. Twp. Ege.	Box 2521, Houston, Texa	en e
	give location of tanks. If this production is commingled wit	G 15 25S 33E		3-4-83
IV.	COMPLETION DATA			
	Designate Type of Completio	Date Compl. Beady to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)			
		Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations Depth Casing Shoe			
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
	······································			
v.	TEST 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 OIL WELL able for this depth or be for full 24 hours)			
	OIL WELL able for this dep Date First New Cil Run To Tanks Date of Test		pth or be for full 24 hours) Producing Mothod (Flow, pump, gas lift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Pred. During Test	OII - Bblø.	Water-BEls.	r Gas•MCF
ſ	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	
		· · · · · · · · · · · · · · · · · · ·		Gravity of Condensate
ĺ	Teating Mathod (pitot, back pr.)	Tubing Presoure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
₩1.	CERTIFICATE OF COMPLIANC	E		TION COMMISSION
	I hereby certify that the rules and re Commission have been complied w			4 1988
	above is true and complete to the		ORIGINAL SIGNED BY JERRY SEXTON	
	Betty Gildon, Regulatory Analyst			compliance with RULE 1104.
-			If this is a request for allowable for a newly drilled or despendent 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 show	
-				
	3/31/88		able on new and recompleted wells.	
(Date)			well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multiply	

