

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Enron Oil & Gas Company	Well API No. 30 025 28288
Address P. O. Box 2267, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Vaca 13 Federal	Well No. 1	Pool Name, Including Formation Red Hills (Bone Spring)	Kind of Lease (Fed) <input checked="" type="checkbox"/> State, Federal or Fee	Lease No. NM 19623
Location Unit Letter C : 660 Feet From The north Line and 1880 Feet From The west Line				
Section 13 Township 25S Range 33E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Enron Oil Trading & Transp. Co.	Address (Give address to which approved copy of this form is to be sent) Box 20108, Shreveport, LA 71120
Name of Authorized Transporter of Casinghead Gas Transwestern Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 2521, Houston, Texas 77001
If well produces oil or liquids, give location of tanks.	Unit C Sec. 13 Twp. 25S Rge. 33E Is gas actually connected? Yes When? 1/22/85

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	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded PB 7-27-92	Date Compl. Ready to Prod. 8-3-92	Total Depth 15,935'	P.B.T.D. 13,083'					
Elevations (DF, RKB, RT, GR, etc.) 3359.6' GR	Name of Producing Formation Bone Spring	Top Oil/Gas Pay 12,230	Tubing Depth 2-7/8" at 12,034'					
Perforations 12,230-12,282 & 12,320-12,356 OK PK			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2	13-3/8	624	515					
12-1/4	9-5/8	5050	2475					
8-3/4	7	13500	1250					
** 6-1/8	5-1/2" Liner	14950 TOL: 13185	200					

V. TEST DATA AND REQUEST FOR ALLOWABLE \*\* 3-1/2" Liner set at 15,946'; TOL: 14,613' (150 sx cmt)  
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 Tank 8-12-92	Date of Test 8-21-92	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 225	Casing Pressure 400	Choke Size 20/64
Actual Prod. During Test	Oil - Bbls. 129	Water - Bbls. 0	Gas - MCF 200

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature  
Betty Gildon, Regulatory Analyst

Printed Name  
8/25/92 915/686-3714 Title

Date  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved  
AUG 28 '92

By  
ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

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.

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