State of New Mexico Form C-104 Revised 1-1-89 Submit 5 Copies Energy, Minerals and Natural Resources Department Appropriate District Office See Instruction: at Bottom of P P.O. Box 1980, Hobbs, NM 88240 **OIL CONSERVATION DIVISION** DISTRICT II P.O. Drawer DD, Artesia, NM 88210 P.O. Box 2088 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Ŧ. Well API No. Operator 30 025 28288 Enron Oil & Gas Company Address P. O. Box 2267, Midland, Texas 79702 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: New Well Dry Gas KX Oil Recompletion Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator 2/1/92 9192 Kid Hills II. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation WeldCat Kind of Lease (Fed State, Federal or Fee Lease No. Well No. Lease Name 19623 Red-Hill (Bone Spring 1 Vaca 13 Federal Location 1880 660 north Line and \_ west Line Feet From The С Feet From The Unit Letter <u>, NMPM,</u> County l ea 33E 25S Range 13 Township Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil EOTT Energy Corp. Enron Oil Trading & Transpector Box 20108, Shreveport, LA 71120 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas Box 2521, Houston Texas 77001 Transwestern Pipeline Company Twp. is gas actually connected? When? Rge. Sec If well produces oil or liquids, Unit Yes 1/22/85 give location of tanks. 25S 33E C 13 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back Same Res'v Diff Res'v New Well Workover Deepen Oil Well Gas Well Х X Designate Type of Completion - (X) Х Total Depth P.B.T.D. Date Spudded PB Date Compl. Ready to Prod. 13.083' 15,935 Top Oil/Gas Pay 8-3-92 7-27-92 Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) 2-7/8" <u>at 12,034'</u> 12,230 Bone Spring 3359.6' GR Depth Casing Shoe Perforations OK PK 12,230-12,282 & 12,320-12,356 TUBING, CASING AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 515 13 - 3/8624 17-1/2 2475 5050 g. -5/8 12-1/4 1250 13500 7 8-3/4 <u>14950</u> 3-1/2" 17-950 TOL: 13185 \_\_\_\_\_\_ Tiner set at 15,946'; TOL: 14,613' (150 sx cmt) \* <u>6-1/8</u> <u>5-1/2" Liner</u> 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 allowable for this depth or be for full 24 hours.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Flowing 8-21-92 8-12-92 Choke Size Casing Pressure 20/64 Gas- MCF Tubing Pressure Length of Test 400 225 24 hrs Water - Bbls. Actual Prod. During Test Oil - Bbls 200 0 129 GAS WELL Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation and that the information given above Division have been complied w AUG 28'92 is true and complete to the bear of my knowledge and belief. Date Approved ... 0 0 By\_ ORIGINAL SIGNED BY JERRY SEXTON Signature Betty Gildon Regulatory Analyst DISTRICT I SUPERVISOR

**INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104

915/686-3714

Printed Name

Date

8/25/92

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title\_

9-13-42-9

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All sections of this form must be filled out for allowable on new and recompleted wells.

Title

Telephone No.

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.