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

State of New Mexico

Enc., Minerals and Natural Resources Department

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

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	TO TRAN	SPORT OIL	AND NATURAL GA				
Operator		Well A		10			
Enron Oil & Gas Compa	30 025 28549						
Address	1 Taura 707	00					
P. O. Box 2267, Midland, Texas 79702 Reason(s) for Filing (Check proper box) Other (Please explain)							
New Well	Change in Ti	ransporter of:		,			
Recompletion	~~~	ory Gas					
Change in Operator		Condensate					
If change of operator give name							
and address of previous operator			<u> </u>				
II. DESCRIPTION OF WELL AND LEASE South							
Lease Name Longway Draw Federal Com. Well No. Pool Name, Including Formation Pitchfork Ranch (Morrow) Kind of Lease Fed Lease No. NM 19625							
Location	1980	eet From The	south 1	980	et From The	east	Line
Unit Letter	255	Range 34E	. NMPM.	Lea			County
		cauge					
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Lui Gonteffel QV COID. Address (Give address to which approved copy of this form is to be sent)							
Traile of Manifolises Franchism at an							
Lift off off fracting as 1. and state of the							
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent) Enron Oil & Gas Company Box 2267, Midland, Texas 79702							
If well produces oil or liquids,	Unit Sec. Twp. Rge. Is gas actually connected? When?						
give location of tanks.	J 8	25SI 34E	No	i			
If this production is commingled with that from any other lease or pool, give commingling order number:							
IV. COMPLETION DATA							
Designate Type of Completion -	Oil Well (X)	Gas Well X	New Well Workover X	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded- Workover begar	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
6-15-90	6-23-90		15,700 ' Top Oil/Gas Pay		15,314'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Form Morrow	mation	14,829'		Tubing Depth 2-7/8" @ 14,678'		
3348' GR Morrow			Depth Casing Shoe				
14,829-15,289'			13,600'				
TUBING, CASING AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
36	20		40'		670		
17-1/2	13-3/8		602'		650		
12-1/4	10-3/4		5,168'		2200		
9-1/4	7-5/8 13,600' 1450						
V. TEST DATA AND REQUEST FOR ALLOWABLE							
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 Date of Test Producing Method (Flow, pump, gas lift, etc.)							
Date First New Oil Run To Tank	Date of Test		Fromeing Means (1 10%,)	, m, do, 1 grap 1 y 1 , 1			
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
Lengui or ica	Tables Freeze		_				
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		Gas- MCF		
					<u> </u>		
GAS WELL							
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate		
770	24		0		0		
(Terting Method Inito), back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size		
Back Pressure	4300		1000		48/64		
AND CORPORATE 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							1.1
is true and complete to the best of my knowledge and belief.			Date Approv	ed			/ I: :
Brue Di							
Signature Betty Gildon Regulatory Analyst			By	<u> </u>	*	100 g/2 67/2 >	13.64
		Title		. `		125	
Primed Name 8/8/90	915/686-3		Title				
		phone No.					

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.