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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Enron Oil & Gas Company	Well API No. 30 025 28549
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 Longway Draw Federal Com.	Well No. 1	Pool Name, Including Formation Pitchfork Ranch (Morrow)	Kind of Lease Fed State, Federal or Fee	Lease No. NM 19625
Location Unit Letter J : 1980 Feet From The south Line and 1980 Feet From The east Line Section 8 Township 25S Range 34E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> 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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Enron Oil & Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 2267, Midland, Texas 79702					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 8	Twp. 25S	Rge. 34E	Is gas actually connected? No	When ?

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X		X			X	
Date Spudded- Workover began 6-15-90	Date Compl. Ready to Prod. 6-23-90		Total Depth 15,700'		P.B.T.D. 15,314'			
Elevations (DF, RKB, RT, GR, etc.) 3348' GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 14,829'		Tubing Depth 2-7/8" @ 14,678'			
Perforations 14,829-15,289'					Depth Casing Shoe 13,600'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
36	20		40'					
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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 770	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (Initial, back pr.) Back Pressure	Tubing Pressure (Shut-in) 4300	Casing Pressure (Shut-in) 1000	Choke Size 48/64

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 Betty Gildon Title
Date 8/8/90 Telephone No. 915/686-3714

OIL CONSERVATION DIVISION

Date Approved _____
By _____
Title _____

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.