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State of New Mexico energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator Operator		TO TRA	NSPO	RT O	IL AND N	ATURAL C	SAS	•			
•	C							II API No.			
Enron Oil & Gas Company Address					30 025 28765						
P. O. Box 2267,	Midland '	Tavac 7	0702								
Reason(s) for Filing (Check proper	· pox)	iexas /	3/02		XX o	then (DI)	7 A =				
New Well		Change in	Transport	er of:		etter of	ж <i>аш</i> , ду., 10/11/	approved	by NMO	CD Sant	
Recompletion	Oil		Dry Gas		ומ	coduce be	. tu/ii/ Ainnin	90, the	#I Well	Will	
Change in Operator If change of operator give name	Casinghe	ad Gas 🗌	Condensa	ile 🗌	#2	2 well w	ill be	SI & sea	" 1, 19: led	91, and	
and address or bisations obsistor.								- u 3cu	icu.		
II. DESCRIPTION OF W	FII AND IE	ACE			· · · · · · · · · · · · · · · · · · ·		· - · - · · · · · · · · · · · · · · · ·				
Lease Name	ELL AND LE		Pool Nam	e Inche	ling Formation						
Warren 3						- , , , , , , , , , , , , , , , , , , ,			d of Lease Fee Lease No.		
Location			<u> </u>	<u> </u>	<u> </u>	IOTTOW					
Unit Letter	0 660)	Feet From	The _	south Li	meand 19	080	East E 71	west	+	
EOTT Salegy Operating	25	:c		34E				Feet From The		<u>ل</u> ــــــــــــــــــــــــــــــــــــ	
Effective 4-1-94	7 2 2 1 2		Range		, N	МРМ,	Lea			County	
THE DESIGNATION OF T	RÅNSPORTE	RAF OI	rgy (RIA.	TRAT CAS						
Lambous of Ammounted Lighthouses Of	OI '	-or Continu	1 - I	93	Address (Gi	ve address to w	hick approve	d come of this	fa		
Enron Oil Tradin	Enron Oil Trading & transp Inc					Address (Give address to which approved copy of this form is to be sent) Box 20108, Shreveport, LA 71120					
Name of Authorized Transporter of Casinghand Can L. U. 1-1- [[[[[[[Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids,	Transwestern Pipeline Completective 1-1-93				$\frac{1000.2321}{10000000}$ Houston, lexas $77()01$						
give location of tanks.	Unuit ∩	Sec. 7	Nap. 25	Rge. 34		y connected?	Whe	n ?			
If this production is commingled with		or lease or po	OL give o	34 cominel	No						
IV. COMPLETION DATA					-wê eten mun						
Designate Type of Comple	tion (V)	Oil Well	Gas	Well	New Well	Workover	Deepen	Plug Rack	Same Res'v	Diff Divis	
Date Spudded		Design 5	<u> </u>		1	<u> </u>				Diff Res'v	
	Date Compi	. Ready to P	704.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Form	ation		Top Oil/Gas I	Pav					
Perforations					•	-,		Tubing Dep	úh.		
renorations						· · · · · · · · · · · · · · · · · · ·		Depth Casin	g Shoe		
		mnia a							•		
HOLE SIZE	CASI	TUBING, CASING AND CASING & TUBING SIZE					D				
		CASING & TOBING SIZE			DEPTH SET			SACKS CEMENT			
								<u> </u>			
TEST DATA AND DEOL	IECT FOR A	T AND THE									
/. TEST DATA AND REQUEST OF THE PROPERTY OF TH	EST FOR AL	LOWAB	LE								
Date First New Oil Run To Tank	Date of Test	volume of t	oga ou an	d musi b	e equal to or o	ixceed top allowhood (Flow, pur	wable for thi	s depth or be f	or full 24 hou	43.)	
					LOTHICTER ME	iiod (Flow, pur	rtp. gas lýt, í	uc.)			
ength of Test	Tubing Press	are		- 1	Casing Pressur	8		Choke Size			
Actual Prod. During Test	<u> </u>	<u> </u>									
	Oil - Bbls.	•			Water - Bbls.			Gas- MCF			
GAS WELL								 			
Actual Prod. Test - MCF/D	Length of Tes										
	Centility of 161				bis. Condens	He/MIMCF		Gravity of Co	ondensate		
sting Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
						(======================================		CHOKE SIZE			
I. OPERATOR CERTIF	CATE OF C	OMPLI	ANCE								
I hereby certify that the rules and re-	gulations of the Oil	Consensuio			0	IL CON	SERVA	ATION D	VIVISIC	N	
Division have been complied with a is true and complete to the best of m	so that the informa ly knowledge and I	uon given at selief	ove					•			
	^				Date A	Approved			- 6291		
Keta Sildon											
Signature Betty Gildon, Regulatory Analyst					By Same Carles of Services Services Services						
Printed Name	n, Regulat	ory Ana Tid		-							
9/24/91	9	15/686-			Title_		·				
Date		Telephon	e 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.