Submit 5 Copies Appropriate District Office DISTRICT 1		ergy, N		New Mexico nurai Resources Department				Form C-104 Revised 1-1-89
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210		OLC	CONSERV	ATION Box 2088	DIVISI	ON		See Instructions at Bottom of Page
DISTRICT III		Sa	nta Fe, New 1		504-2088			
1000 Rio Brazos Rd., Aztec, NM 8741 I.	REQ		OR ALLOWA			ZATION		
Operator Enron Oil & Gas Co	mpany					Well	API No.	
Address							025 28765	
P. O. Box 2267, Mi Reason(s) for Filing (Check proper box	dland, 1 '	Texas 7	9702		her (Please err	Vaini As a	nnoved by	NMOCD Santa F
Recompletion	01	Change in	Transporter of:	le	etter of	10/11/9	0, the #1 v	well will
Change in Operator	Oil Casinghea	ud Gas 🔲	Dry Gas	pi	roduce be	eginning	October 1 I & sealed	, 1991, and the
If change of operator give name and address of previous operator							I a sealed	•
II. DESCRIPTION OF WELL	AND LE	ASE				······································		
Lesse Name Warren 3		Well No.	Pool Name, Inclu	-			of Lease Fee	Lease No.
Location			Pitchfork	Ranch N	lorrow	State	Federal or Fee	
Unit Letter0	. 660)	Feet From The	south Li	ne and19	9 <u>80</u> F	eet From The	West Line
Section 3 Towns	nip 25	S	Range 34E	N	impm,	Lea		
III. DESIGNATION OF TRA	E(NSPORTE	OTT En ROFOI	ergy Corp	JRAL GAS				County
Enron Oil Trading Name of Authonized Transporter of Casi				Address (Gi Box 20	we address so w 1108 Shr	hick approved	LA 71120	is to be sent)
Name of Authonized Transporter of Casi Transwestern Pipel	ine Comp	Effectiv	STENCEUTE		ve address to w	hich approved	copy of this form	is to be sent)
If well produces oil or liquids,				Box 2521, Houston, Texas 77001				
give location of tanks. If this production is commingled with that		3 1	25 1 34	No	-			
IV. COMPLETION DATA		er reads or p	oot, give comming	ung order mur				<u> </u>
Designate Type of Completion	- (X)	Oil Well	Gas Weil	New Weil	Workover	Deepen	Plug Back San	e Res'v Diff Res'v
Date Spudded	Date Comp	I. Ready to I	Prod.	Total Depth	1		P.B.T.D.	l
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing For	mation	Top Oil/Gas	Pay		Tubing Durit	
erforations							Tubing Depth	
· · · · · · · · · · · · · · · · · · ·							Depth Casing Sh	De la
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE					·	
	CASING & TUBING SIZE				DEPTH SET	<u> </u>	SACI	(S CEMENT
				! 			 	
V. TEST DATA AND REQUE OIL WELL (Test must be after)				be equal to a	exceed top all	mable for the	dente an La C	
Date First New Oil Run To Tank	Date of Test			Producing Me	thod (Flow, pu	mp. gas lift, e	ic.)	
Length of Test	 Tubing Press	Tubing Pressure			5		Choke Size	
Actual Prod. During Test								
	Oil - Bbls.			Water - Bbls.			Gas- MCF	
GAS WELL			-				•	
Actual Prod. Test - MCF/D	Length of Test Tubing Pressure (Shut-in)			Bbls. Condensate/MMCF Casing Pressure (Shut-in)			Gravity of Condensate	
Testing Method (pilot, back pr.)							Choke Size	
VI. OPERATOR CERTIFIC	ATEOF	COMPT	IANCE	<u>ا</u>			1 1 1	
I hereby certify that the rules and regula	ations of the O	il Conservat	lion	C	DIL CON	SERVA		ISION
Division have been complied with and that the information given above is true and complete to the dest of my knowledge and belief.				Date Approved				
Run V.nA					Approved		· · · · · · · · · · · · · · · · · · ·	
Signature Betty Gildon, Regulatory Analyst				By <u>states</u> a BYS BY COURSE SUBJECT				
Printed Name		Т	ille					
<u>9/24/91</u> Date	(915/686 Teleph	0-3714 006 No.				<u>.</u>	· · · · · · · · · · · · · · · · · · ·
				11				

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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.