tiveo	i	
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OIL		
GAS		
OPERATOR		
PROPATION OFFICE		
	OIL	OIL GAS

	SANTA FE	REQUES	L CONSERVATION CON ST FOR ALLOWABLE	• '	em C-104 spersedes Old C-104 and C-					
	U.S.G.S.		AND	Ε:	Hective 1-1-65					
	LAND OFFICE	AUTHORIZATION TO T	RANSPORT OIL AND N	ATURAL GAS						
			,	WORKE OAS						
	TRANSPORTER GAS									
	OPERATOR									
I.	PRORATION OFFICE									
	Enron Oil & Gas Compa	ny								
	Address			*						
	P. O. Box 2267, Midla	nd, Texas 79702								
	Reason(s) for I-ling (Check proper bo	9×)	Other (Please e	xnlain)						
	New Well	Change in Transporter of:								
	Recompletion Change in Ownership X	Oil Dry	Gas Change	Operator Name	•					
:	If change of ownership give name and address of previous owner	HNG OIL COMPANY, P. O.	Box 2267 Midland	T 70700						
	•		Zox 2207, Midiand	, lexas /9/02						
	DESCRIPTION OF WELL AND	Well No. Pool Name, Including	Formation							
	Page 3 Com.	1 Pitchfork Ra		ind of Lease ate, Federal or Fee	Lease No.					
	Location		inen horrow	and to oderat of 1 de	Fee - ·					
	Unit Letter F : 17	80 Feet From The north L	ine and	Feet From The Wes	st					
L	Line of Section 3 To	ownship 25S Range	34E , NMPM,	Lea	County					
III. I	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	- A C							
ſ	Name of Authorized Transporter of Of	or Condensate X	Address (Give address to u	which approved copy of th	is form in to have					
į	Enron Oil Trading & T	ransp. Inc.	Box 20108, Shrev							
i	Name of Authorized Transporter of Co	study of Ode Fuel Chy Col H	Address (Give address to u	hich approved copy of th	is form is to be sent)					
	ITanswestern Piperine	Companiective 1.1.02	Box 2521, Housto	n, Texas 77001	ŕ					
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Page.	is gas actually connected?	When						
I:	f this production is commingled wi	1 3 1 4 3 1 4 3	Yes	1/13/86						
IV.	COMPLETION DATA	ith that from any other lease or pool	, give commingling order nu	mber:	·					
	Designate Type of Completi	on - (X)	New Well Workover	Deepen Plug Back	Same Resty, Diff. Resty					
-	Date Spudded			·						
-		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
h	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Dept	h					
	Perforations									
1	eriorations			Depth Casin	g Shoe					
 		TURING CASING AN	D CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET							
			52.711321	- SA	CKS CEMENT					
L										
-			·							
V T	EST DATA AND REQUEST FO	OP ALLOWARKE of		<u> </u>						
_0	ML WELL	OR ALLOWABLE (Test must be a able for this de	sfier recovery of total volume o epth or be for full 24 hours)	f load oil and must be eq	ual to or exceed top allou					
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pu	mp, gas lift, etc.)						
<u> </u>	ength of Test	Tobac								
-		Tubing Pressure	Casing Pressure	Choke Size						
۸	etual Prod. During Test	Oil-Bbis.	Water - Bbis.	Gas - MCF	`					
_										
G	AS WELL									
	actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Co						
L	ر .			G.GV.R.Y G. C.	ndeugate					
1	eeting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size						
VI. CI	ERTIFICATE OF COMPLIANC	E	OIL CON	SERVATION COM	MISSION					
1 1	nereby certify that the rules and re	egulations of the Oil Conservation	APPROVED	1AP 9 4 1007	19					
Co	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED MAR 2 4 1987 . 19							
complete to the best of my knowledge and belief.		ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR								
Betty Gilder (Signature)			TITLE	TITLEDISTRICT I SUPERVISOR						
			This form is to be filed in compliance with RULE 1104. If this is a request for silowable for a newly drilled or despene well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.							
							Betty Gildon, Regulator	All sections of this form must be filled out completely for sliowable on new and recompleted wells.		
							2/10/8> (Tub			
(Date)			Fill out only Sections I. II. III, and VI for changes of owner well name or number, or transporter, or other such change of condition							

Separate Forms C-104 must be filed for each pool in multipl

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