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

State of New Mexico Egy, Minerals and Natural Resources Depart.

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 8741	10	Sa	ina re, inew	Mexico 87	/504-2088					
1000 Ido Biazza Ru., Aziec, NM 8/4)	REQ	UEST FO	OR ALLOW	ARI F ANI	D AUTHOR	IZATION				
I.		TO TRA	NSPORT	OIL AND N	ATURAL	NZA HON	ı			
Operator		10 11 17	1101 0111	OIL AND IV	AT UHAL C	AS	LABINI			
Enron Oil & Gas C		Well			30-025-29558					
Address							<u> </u>	15-2º	<u> 1558</u>	
P. O. Box 2267,	Midland,	Texas	79702							
Reason(s) for Filing (Check proper box	, 		. 37 02		ther (Please exp	./=:=)				
New Well		Change in	Transporter of:	<u>. </u>	outer (Flease exp	nain)				
Recompletion	Oil	£~:~	Dry Gas]	01					
Change in Operator	Casinghe		Condensate	7	Change o	perator	responsib	ility		
If change of operator give name and address of previous operator			x 2217, I	Midland.	<u>errect</u>	1ve 4/1	/90			
II. DESCRIPTION OF WELL										
Lease Name		Well No.	Pool Name, Inc.	luding Formatio	a .	King	of Lease FED			
Vaca Ridge 4 Federa	il Com	2	Pitchfor	rk Ranch	(Atoka)	State	, Federal or Fee		ise No.	
Unit Letter B	:66	60	Feet From The	nout b	ine and 198	301	eet From The	east	6139	
ECTPENSITY Operating L	hip 259	S	Range 34	ĮΕ ,	NMPM.	_ea				
Effective to be autig to	P				NMPM,	<u>_ea</u>			County	
III. DESIGNATION OF TRA	NSPORTE	R OF OI	L AND NAT	URAL GAS	:					
		or Condens	ate X	Address (G	ive address to w	hich anneme	d copy of this form i			
Enron Oil Trading & T	ransp. (Co.	لقا	P. 0.	Box 1188	Housto	n, Texas 7	s <i>lo be seni</i> 7001)	
Name of Authorized Transporter of Casi	nghead Gas		or Dry Gas	Address (G	ive address to w	hich commune	d copy of this form i	001		
Transwestern Pipe Lin	e Co.			P. 0.	Box 1188	Housto	n, Texas 77	5 10 be seni 1001)	
If well produces oil or liquids,	Unit	Sec.	Twp. Rg	e. Is gas actua	lly connected?	When		001		
give location of tanks.	B	4 1	25S 34	F V	9.0	I wite	-			
If this production is commingled with that	from any other	er lease or po	ol, give commi	ngling order nur	nber:	<u>-</u> -	3 - 17-86			
IV. COMPLETION DATA										
Designate Type of Completion	ı - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sam	Res'v	Diff Res'v	
Date Spudded		i. Ready to P	<u></u>	Total Depth		<u> </u>	<u> </u>	i		
•	323 Comp	Ready to r	rod.	lotal Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay						
	The or The	concerns total	INITION	Top Oil/Gas	Top Olucias Pay			Tubing Depth		
Perforations										
					•		Depth Casing Sho	e		
		IRING C	A STATE A A ST	CE) CE)	200 2000					
HOLE SIZE	CAS	ING & TUD	ASING ANI	CEMENTI	NG RECOR	<u>D</u>				
		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
										
	+									
	+	· · · · · · · · · · · · · · · · · · ·								
. TEST DATA AND REQUES	T FOR AL	LOWAR	IF							
OIL WELL (Test must be after r	ecovery of tou	d volume of i	lood oil and m	ne ha amusal es so						
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Test	- 10.2.2 0) 1	odd ou and mu	Description 24	exceed top allo	wable for this	depth or be for full	24 hours.)		
	J			Producing M	ethod (Flow, pur	np, gas lift, e	IC.)			
ength of Test	Tubing Press			Casina Dana						
	1 doing 1 icas	MIC.		Casing Press	Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls			Water Dil-						
	- 2013.			Water - Bbls.			Gas- MCF			
CACWELL	!			<u> </u>			<u> </u>			
GAS WELL ACTUAL Prod. Test - MCF/D	71									
TIOL TEST - MICE/D	Length of Te	st .		Bbls. Conden	sate/MMCF		Gravity of Conden	iale		
	 				•					
sting Method (nuot, back pr.)	Tubing Press	ure (Shut-in)		Casing Pressu	ire (Shut-in)		Choke Size			
للسيوسية الموااليين مصعدت بالماري	<u>L.</u>								į	
I. OPERATOR CERTIFICA	ATE OF (OMPLI	ANCE	11					لــر	
I hereby certify that the rules and regulations of the Oil Conservation					DIL CON:	SERVA	ATION DIV	ISION	1 .	
Division have been complied with and t		: •	,		.0.014					
is true and complete to the best of my in	nowledge and	belief.		Data	Approximati		JUN 1	Q 100	U	
R. X.				Date	Approved		OUN T	ט וטט	<u>v</u>	
Blow Al	Sou	<u> </u>		_						
Signature Cildon Dogula				By	ORIGINAL	SIGNED	V Knov			
Betty Gildon, Regulatory Analyst				By ORIGINAL SIGNED B			IDEBLUCAS	ON		
6/14/90	915	 /686-37	14	Title			AL EK AIDOK			
Date		Telephon								

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
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 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.