

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

Operator
Enron Oil & Gas Company

Address
P. O. Box 2267, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Page 3 Com.	Well No. 2	Pool Name, including Formation Pitchfork Ranch Atoka	Kind of Lease State, Federal or Fee	Fee	Lease No. -
Location Unit Letter C ; 660 Feet From The north Line and 2080 Feet From The west					
Line of Section 3 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. Company	Address (Give address to which approved copy of this form is to be sent) P. O. 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) P. O. Box 2267, Midland, Texas 79702
If well produces oil or liquids, give location of tanks. Unit C 3 25S 34E	Is gas actually connected? <input checked="" type="checkbox"/> When 7-31-87

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					
Date Spudded 5/17/87	Date Compl. Ready to Prod. 7/16/87	Total Depth 14,110'	P.B.T.D. 14,043'					
Elevations (DF, RKB, RT, GR, etc.) 3366.3' GR	Name of Producing Formation Atoka	Top Oil/Gas Pay 14,006'	Tubing Depth 2-7/8" at 13,048'					
Perforations 14,006 - 14,014	Depth Casing Shoe 13,300'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
14-3/4"	11-3/4"	610'	250 lite & 165 C1 C					
10-5/8"	8-5/8"	5190'	1350 DL III & 275 C1 C					
7-7/8"	5-1/2"	13000'	950 DL III & 450 C1 C					
4-3/4"	3-1/2" Liner	14110' TOL: 12985'	150 C1 H					

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 Tanks	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 938	Length of Test 24 hours	Bbls. Condensate/MMCF 32	Gravity of Condensate 44.9
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) 4400	Casing Pressure (Shut-in) Sealed	Choke Size 21/64"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Betty Gildon
(Signature)
Regulatory Analyst
(Title)
July 24, 1987
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 5 1987, 19
BY
ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

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 multiply

RECEIVED
JUL 28 1981
OCD
WORKS OFFICE