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Appropriate District Office
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OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator Enron Oil & Gas Company		Well API No. 30 025 30050
Address P. O. Box 2267, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Brinninstool 21 Federal	Well No. 1	Pool Name, Including Formation Red Hills Wolfcamp	Kind of Lease (Fed) <input checked="" type="checkbox"/> State, Federal or Fee	Lease No. NM 26394
Location Unit Letter 0 : 660 Feet From The south Line and 1980 Feet From The east Line Section 21 Township 25S Range 33E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil and Condensate None Effective 4-7-94	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas Transwestern Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, Texas 77251
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ? Yes New zone 07-09-92

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		X
Date Spudded PB 6-30-92	Date Compl. Ready to Prod. 7-1-92	Total Depth 13,666' 16,050'	P.B.T.D. 14,837'					
Elevations (DF, RKB, RT, GR, etc.) 3364.0' GR	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 13,666'	Tubing Depth 2-7/8" set at 12,889'					
Perforations 13,666'-13,676'			Depth Casing Shoe 13,264'					

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8 48#	640	650 Circulated
12-1/4	9-5/8 40#	4875	1900 Circulated
8-1/2	7 26#	13264	1425 sx
	4-1/2" Liner	16047 TOL: 12889'	425 sx

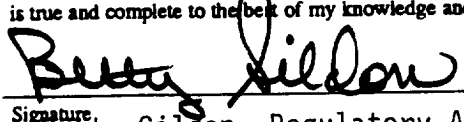
V. TEST DATA AND REQUEST FOR ALLOWABLE

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 Tank	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 1400	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 7627	Casing Pressure (Shut-in) 1650	Choke Size 8/64

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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


Signature
Betty Gildon, Regulatory Analyst
Printed Name
7/13/92
Date
915/686-3714
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 15 '92
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 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.