1	NO. OF COPIES NECEIVED	11 A.			
	DISTRIBUTION		DNSERVATION COMMISSION	Form C -104	
	SANTA FE		FOR ALLOWABLE	Supersedes Old C+108 and C+11	
ĺ	FILE		AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS	
	LAND OFFICE				
	IRANSPORTER OIL				
	GAS				
	OPERATOR				
1.					
	Enron Oil & Gas Company	, · · · · ·			
	Address	······································		· · · · · · · · · · · · · · · · · · ·	
P. O. Box 2267, Midland, Texas 79702			<b>-</b> ·		
	Reason(s) for filing (Check proper box)		Other (Please explain)		
	New Well	Change in Transporter of:			
	Recompletion	Oll Dry Gas			
	Change in Ownership	Casinghead Gas Conden	sate		
	If change of ownership give name				
	and address of previous owner	······································			
II. DESCRIPTION OF WELL AND LEASE The Red Hill Marrow Bas					
	Lease Name	Well No.   Pool Name, Including Fo	fination Kind of Lease	Lease No.	
	Brinninstool 21 Federal	1 Wildcat Morrow	R-8626 41 Start, Foderal	or Fee Federal NM 26394	
	Location				
	Unit Letter 0	)Feet From TheSOuthLine	e and <u>1980</u> Feet From 7	The East	
	Line of Section 21 Tow	nship 25S Range	33E , NMPM, LI	ed County	
			<b>C</b>		
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of OII	C or Condensate X	Address (Give address to which approv	ved copy of this form is to be sent)	
	None				
	Name of Authorized Transporter of Cas	inghead Gas 📄 or Dry Gas 👔	Address (Give address to which approv	ved copy of this form is to be sent)	
	Transwestern Pipeline		Box 1188, Houston, Texa	is 77251	
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	en 1-19.94	
	give location of tanks.		Ho Yes	4-18-88	
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:	·	
	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty.	
	Designate Type of Completio		X		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	10-5-87	1-7-88	16,050'	15,954'	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
	3364.0' GR	Morrow	15,759	2-7/8" 12,889	
	Perforations			Depth Casing Shoe	
	15,759 - 15,766			13264'	
			D CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	640	325 HLW & 325 C1 C	
	17-1/2	9-5/8"	4875	1900 HLW & 475 C1 C	
	8-1/2	7"	13264	1100 Lite & 325 Cl H	
	0=1/2	4-1/2" Liner	16047 TOL: 12889	425 C1 H	
v.	V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or a				
••	OIL WELL	aole for this de	Producing Method (Flow, pump, gas lift, etc.)		
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas in	<i>, , e.c.)</i> .	
		Tubing Pressure	Casing Pressure	Choke Size	
	Length of Test	Turnig Floadato		c	
	Actual Pred. During Test	Oil-Bbis.	Water-Bbis.	Gas - MCF	
	·	-			
	GAS WELL			Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	3200 Testing Method (pitot, back pr.)	24 hours Tubing Pressure (Shut-in)	Casing Fressure (Shut-in)	Choke Size	
	Back Pressure	8785	Sealed	10/64"	
• • •		<u></u>		ATION COMMISSION	
¥1.	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.			1988 19	
			APPROVED MALD	1500	
	above is true and complete to the	best of my knowledge and beller.	BY Eddie W. Setty   TITLE Oil & Gas Inspector   This form is to be filed in compliance with RULE 1104.   If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the daviation tests taken on the well in accordance with RULE 111.   All sections of this form must be filled out complately for allow- able 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.		
	C				
	$\sim$ (inc	N			
		lon			
	(Signa				
	Betty Gildon, Regulato	ory Analyst			
	(Tit	le)			
	2/26/88	141			
	(Date)		Separate Forms C-104 mus	Separate Forms C-104 must be filed for each pool in multiply	

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