Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico

E. 3, Minerals and Natural Resources Departmen

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
Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	OTRAN	SPORT	OIL	AND NA	TURAL	GAS							
Operator									Well API No.					
Enron Oil & Gas Company									30-025-30632					
P. 0. Box 2267, Mic	dland Tov	ac 7070	12											
Reason(s) for Filing (Check proper bo.	x)	<u>as /5/0</u>	)		Oth	er (Please ex	oplain)			·-····································				
New Well 🖳		hange in Tr	ansporter o	f:	_	•								
Recompletion	Oil	□ D	ry Gas											
Change in Operator	Casinghead (	Gas C	ondensate							·				
If change of operator give name and address of previous operator						· · · · · · · · · · · · · · · · · · ·								
II - DESCRIPTION OF WEI	I. AND I FAS	SF SF												
II DESCRIPTION OF WELL AND LEASE  Lease Name Well No.   Pool Name, Inch					ding Formation				x Lease FE	D	Lease No.			
Diamond 8 Federal					Ranch Morrow			State,	e NM	NM 14497				
Location										····	-			
Unit Letter B	660	Fe	et From Ti	he _n	orth Lin	e and _ 23	10	Fe	et From The	east		Line		
•						<del> </del>								
EOTT Energy Operating L	nship 25S	R	ange 34	1 <u>E</u>	, NI	мрм,	Lea					County		
III. DESIGNWFION OF TR		OF OII	A NID NI	A 777 II	DAT CAS									
Name of Authorized Transporter of Oi	MOFORTER O	Condensate	ANDIN	AIU	Address (Giv	e address to	which a	proved	com of this t	form is to h		···		
Enron Oil Trading &			للما -						eport,			<b>'</b>		
Name of Authorized Transporter of Ca	singhead Gas	lor	Dry Gas	X	Address (Giv							·)		
Enron Oil & Gas Comp			<u>. 63</u>		L .			•	as 7970			-		
If well produces oil or liquids,	Unit Hag	E.VC TR	vp.	Rge.	ls gas actuall	y connected?		When	? , ,					
give location of tanks.	IB I	1 8		34E_	<del></del>	تعلي			2151	90				
If this production is commingled with the	nat from any other	lease or poo	ol, give con	mingl	ing order num	ber:								
IV. COMPLETION DATA		21. 21. 1	· · · · · · · · · · · · · · · · · · ·		\					·		<del></del>		
Designate Type of Completion		Oil Well	Gas W	'ell	New Well	Workover	De	epen	Plug Back	Same Res	' <b>v</b>	Diff Res'v		
Date Spudded		Ready to Pr	<u> </u>		X Total Depth	L			P.B.T.D.	<u> </u>				
10-9-89	1	Date Compl. Ready to Prod.  1-28-90				15,675'				541 /	5 4	25'		
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation				Top Oil/Gas Pay				15,541' /5,485' Tubing Depth				
3364.0' GR		15,214				2-7/8" @ 14,750'								
Perforations									Depth Casir	g Shoe				
15,214' - 15,279'									1	3,250'				
	TUBING, CASING AND					<del>,</del>								
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT					
16"	<del></del>	20"			651'				660 sx C1 C					
10-3/4"		14-3/4" 9-1/2"			5200 13250'				3000 sx C1 C 700 35/65 H & 450 C1					
7-5/8"					15672	<del> </del>	120	25 '			<u>н с</u>	450 CI		
6-1/2" V. TEST DATA AND REQU	EST FOR AL		L.E.		150/2	IUL:	123	23	3/3	SX LI	п_			
	er recovery of total			i must	be equal to or	exceed top o	illowable	for this	depth or be	for full 24	hours	j		
Date First New Oil Run To Tank	Date of Test	, .			Producing Me					7		<u></u>		
							. •	-						
Length of Test	Tubing Pressu	TLG.			Casing Pressu	re			Choke Size					
Actual Prod. During Test Oil - Bbls.					Water - Bbls.				G25- MCF					
	1	·			!	~ <del>.</del>			<u> </u>		<u> </u>			
GAS WELL														
Actual Prod. Test - MCF/D		Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate				
3950		24 hours			. <del>00051</del> 0.51				50.2					
Testing Method (pitot, back pr.)		Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)				Choke Size					
Back Pressure	Back Pressure 5750								17/64					
VI. OPERATOR CERTIF							NICE	:D\//	NOITA	טואופ		NI.		
I hereby certify that the rules and re					'		INO E	. T. V /				A		
Division have been complied with a is true and complete to the best of n	Date Approved FEB 0 9 1990													
					Date	Approv	red _	<del></del>	ILD	טו עו	υŲ	<del></del>		
Bertu XIC	Day .													
Signature	_	∥ By_		ORIGI	NAL S	GNED BY	JERRY S	EX	ON					
Betty Gildon	Regulato	ory Ana	lyst		'_	<del></del>			RICT I SUP					
Printed Name		Ti	üe		Title									
2/6/90	(312) (	686-371												
Date		Telepho	XDC (NO.		H									

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 with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

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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.