

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Enron Oil & Gas Company		Well API No. 30 025 30749
Address P. O. Box 2267, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
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		
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.		

II. DESCRIPTION OF WELL AND LEASE				
Lease Name Warren 3	Well No. 2	Pool Name, including Formation Und. Wolfcamp	Kind of Lease FEE State, Federal or Fee	Lease No.
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>south</u> Line and <u>1980</u> Feet From The <u>west</u> Line Section <u>3</u> Township <u>25S</u> Range <u>34E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil Enron Oil Trading & Trans		Address (Give address to which approved copy of this form is to be sent) Box 1188, Houston, Texas 77251-1188		
Name of Authorized Transporter of Casinghead Gas Transwestern Pipe Line Co.		Address (Give address to which approved copy of this form is to be sent) Box 1188, Houston, Texas 77251-1188		
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 3	Twp. 25S	Rge. 34E
Is gas actually connected?		When?		
Yes		12-18-92		

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion - (X)			X				X		X
Date Spudded 12-8-92	Date Compl. Ready to Prod. 12-13-92	Total Depth 15,347		P.B.T.D. 14,415					
Elevations (DF, RKB, RT, GR, etc.) 3357' GR	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 13,498		Tubing Depth 2-7/8" at 13,350					
Perforations 13,498'-13,511'				Depth Casing Shoe 13,290					
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
20		16		667		810			
14-3/4		10-3/4		5209		3825			
9-1/2		7-5/8		13290		1210			
6-1/2		4-1/2" liner		15347 TOL: 12970		400			

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 856	Length of Test 24 hours	Bbls. Condensate/MMCF 5220	Gravity of Condensate 30.0
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1200	Casing Pressure (Shut-in) 1000	Choke Size 64/64

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 1/12/93	Title 915/686-3714
Date	Telephone No.

OIL CONSERVATION DIVISION	
Date Approved JAN 14 1993	
By ORIGINAL SIGNED BY JERRY SEXTON	
DISTRICT I SUPERVISOR	
Title	

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.
- 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.