

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

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) 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 FFF 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 <u>K</u> Sec. <u>3</u> Twp. <u>25S</u> Rge. <u>34E</u>	Is gas actually connected? <u>Yes</u> When? <u>12-18-92</u>

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 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.

Betty Gildon
Signature
Betty Gildon, Regulatory Analyst
Printed Name
1/12/93
Date
915/686-3714
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.

3A Pitchfork Sand mss.