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

State of New Mexico Energy, Minerals and Natural Resources Department.

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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

<u> </u>	1		11101	roni Oil	- WIND INW	TURAL G	MO			
Operator							Well	API No.		
Enron Oil & Gas Compan	у						30	025 3074	19	
Address									· · · · · · · · · · · · · · · · · · ·	
P. O. Box 2267, Midlan	d, Texa	s 7970)2							
Reason(s) for Filing (Check proper box)				· · · · · · · · · · · · · · · · · · ·	Oth	er (Please expl	ain)			
New Well		Change in	ı Trans		-	•				
Recompletion	Oil		Dry (
Change in Operator	Casinghead	i Gas 🔲	, -	densate 🗌						
If change of operator give name						,				
and address of previous operator									·	
II. DESCRIPTION OF WELL	AND LEA	SE								
Lease Name		Well No.	Pool	Name, Includ	ing Formation		Kind	of Lease FE	e L	ease No.
Warren 3		2			Ranch M	orrow	State,	Federal or Fee	_	
Location									l	
тт-:- K	1980		.	F 70	_south _{Lim}	. 198	0 _	\	iest	
Unit Letter	- :		_ reet	rrom The	Lio	e and	Fe	et From The		Line
Section 3 Township	25 S		Panc	_{se} 34E	N	мрм. Le	a			Carratar
TOWNSHI			1402	50 3.2	, INI	1717 174, 20				County
III. DESIGNATION OF TRAN	SPORTE	ROFO	TT. A	ND NATTI	RAT. GAS					
Name of Authorized Transporter of Oil		or Conden		IND INATO		e address to w	hich approved	comy of this for	m is to be se	·m()
								oj mas jui	~ *v ve se	·- <i>-</i>
Name of Authorized Transporter of Casing	head Gas		or D	ry Gas XX	Address (Giv	e address to w	hick approved	come of this for	m in to be a	
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX 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,		Sec.	Twp. Rge.		Is gas actually connected? Whe					
give location of tanks.	1 1	36	jiwp.	. I Kge.	No.	y comeden?	i when	2		
If this production is commingled with that i	from say orbi	er jesse or	ii	nive commin-		her				
IV. COMPLETION DATA	nom any out	" lease of	pros, į	Prac contaming	mak older, naw					
		Oil Well		Gas Well	New Well	Workover	Danne	Dhua Daala II	C D!-	big n at
Designate Type of Completion	- (X)	IOU MEII	· I	V V	I HEM MEIL	i workover	Deepen	Plug Back	oame Kes'v	Diff Res'v
Date Spudded	<u> </u>				Total Depth					Д
•	Date Compl. Ready to Prod. 5-31-90				15,350			P.B.T.D.	151	
2-14-90					Top Oil/Gas Pay					0 0 7/0
Elevations (DF, RKB, RT, GR, etc.)					14,818'			Tubing Depth 2-3/8 & 2-7/8		
3357 GR Morrow					14,010			set @ 14,516'		
• • • • • • • • • • • • • • • • • • • •								Depth Casing		
14,818'-14,838'		· · · · · · ·		10.10 · · · ·	OF C	VO 2222		13,290) ' <u> </u>	
······································	,				CEMENTI	NG RECOR		1		
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
20	16				667			450 HLC & 360 CT C		
14-3/4		10-3/4						2500 HLC & 1325 C1 C		
9-1/2	7-5/8			13,290			760 HLC & 450 CL H			
6-1/2	4-1	<u>/2 Lir</u>	<u>ier</u>	n	15,34	7 TOL: 1	2,970	400 C1	<u>H</u>	
V. TEST DATA AND REQUES										
OIL WELL (Test must be after re	Date of Test		of load	d oil and must					r full 24 hou	rs.)
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, etc.)									
	<u>!</u>				ļ			10		
Length of Test	Tubing Pres	sure			Casing Press	ıre		Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF		
	<u> </u>				<u> </u>			<u> </u>		
GAS WELL										
Actual Prod. Test - MCF/D	Length of T	स्टा		· · · · · · · · · · · · · · · · · · ·	Bbls. Conden	sate/MMCF		Gravity of Co	ndensale	
630	24 hrs			0			-			
Testing Method (pitot back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
Back Pressure	400			2750				/64	•	
•	·					·				 ;
VI. OPERATOR CERTIFIC.						DIL CON	ISERV	ATION F	אווופיר	181
I hereby certify that the rules and regula						JIL OON	NO ET V	TIONE	7101010	NΝ
Division have been complied with and to is true and complete to the best of my k			en abo	ve				5 - 5 - 6		
is true and complete to the best of my knowledge and belief.					Date Approved					
Right Xilli	30113									
South Arrange Contraction of the					By ORIGINAL SIGNED BY JERRY SEXTON					
Signature Betty Gildon, Regulatory Analyst					DISTRICT I SUPERVISOR					
Printed Name			Title		Title					
7/31/90						 			<u> </u>	158

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

Date

- 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.

Telephone No.

- 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.