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

## State of New Mexico Energy, Minerals and Natural Resources Departmen.

Form C-104 Revised 1-1-89 See Instructions

**OIL CONSERVATION DIVISION** DISTRICT II
P.O. Drawer DD, Antesia, NM 88210

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

_	HEQUES									
l.	TO	TRAN	SPC	RT OIL	AND NA	TURAL G				
Operator					Well API No.					
Enron Oil & Gas Com	30 025 30982									
Address —	1 J - T	7070	_ _			_				
P. O. Box 2267, Mid		79/02				•			_	
Reason(s) for Filing (Check proper box	•				Oth	E E E		IM		
New Well		nge in Tr	•				_EG			
Recompletion	Oil		ry Gas	_			_L_L			
Change in Operator	Casinghead Gas	<u> </u>	ondens	ate						
If change of operator give name and address of previous operator										
•							,	· · · <u></u>		
II. DESCRIPTION OF WEL						9472.	7/1/91			
Lease Name	Wel	l No. Po	ooi Na	me, Includ	ing Formation	١, ,		of Lease FE	_	ease No.
Half 6 Federal Com.	1		PITC	ntork	Kanch (	Morrow),	State,	Federal or Fe	e NM	30400
Location										
Unit Letter0	: <u>990</u>	Fe	eet Fro	m The _	south Lin	e and19	80	et From The	east	Line
6	050			2	4 <del>-</del>		1			
Section 6 Town	ship 25S	R	ange	34	1E , N	MPM,	Lea			County
III. DESIGNATION OF TRA				<u>NATU</u>						
Name of Authorized Transporter of Oil		ondensat	· [	X	1	e address 10 w				1
<u>Enron Oil Trading &amp;</u>								, Texas 77251-1188		
Name of Authorized Transporter of Ca		or	Dry C	ias 💢		e address to w		copy of this	form is to be s	ent)
<u>Transwestern Pipelii</u>								n, Texas 77251-1188		
If well produces oil or liquids, give location of tanks.	Unit   Sec.		wp.		Is gas actuall	•	When			ĺ
·	10 16		<u> 25S</u>	34E	Yes		12	2-28-90		
f this production is commingled with the	at from any other lea	se or poo	ol, give	comming	ling order num	ber:				·
V. COMPLETION DATA	<u></u>									
Designate True of Countries	Oil	Weli	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion	_ ` ´ _		1	Х	<u> </u>	<u> </u>	1		1	
Date Spudded	Date Compl. Re		rod.		Total Depth	6751		P.B.T.D.	4061	
9-12-90	12-28					675'		15	,406'	
Elevations (DF, RKB, RT, GR, etc.)	Name of Produc	_	ation		Top Oil/Gas	-		Tubing Der	oth 14	
3441.9' GR	Morro	)W			1	5,288'		2-7/8	0 14	,564'
Perforations								Depth Casi	-	
15,288'-15,360'								13,33	5'	
		TUBING, CASING AND				NG RECOR	D D			
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
20		16			658			675 C1 C		
14-3/4		10-3/4			-5,255			3100 HLC & 350 Prem Pl		
9-1/2		7-5/8			13,336			750 HLC & 400 C1 H		
6-1/2	5-1,	/2 Li	ner		15,	165 TOL:	12,978	285 (	21_H	
. TEST DATA AND REQU										
	r recovery of total vo	iume of l	load oi	i and must	be equal to or	exceed top all	owable for thi	s depth or be	for full 24 hou	<i>ars.)</i>
Date First New Oil Run To Tank	Date of Test				Producing M	ethod (Flow, pi	ump, gas lift, e	etc.)		
Length of Test	Tubing Pressure				Casing Press	ıre		Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF		
					!			1		
GAS WELL										<del>_</del>
Actual Prod. Test - MCF/D	Length of Test				Bbis. Conder	sate/MMCF		Gravity of	Condensate	
5936	24	hr			2.36				38.0	
esting Method (pitot, back pr.)	Tubing Pressure		)		Casing Press	ure (Shut-in)		Choke Size		
Back Pressure			357	5	400			2	20/64	
VI. OPERATOR CERTIF	CATE OF CO	MOT	ΙΔΝΙ	~F					· · · · · ·	
I hereby certify that the rules and re				<b>_1</b> _		OIL CON	<b>ISERV</b>	ATION	DIVISIO	NC
Division have been complied with a	•					<del></del> ·	· • • •			
is true and complete to the best of m	y knowledge and bel	ief.				<b>A</b> = =	1		<b>A</b> 400	
	<b>40</b>				Date	Approve	:a	MALT	HI I H	
Ritte X	TU					7	rig. Sign	F 1 1	(40.50	
Signature	2 O-M				By_		Paul Ka	utz		
Betty Gildon	Regulatory	Anal	syt				Geologi	st		<del></del>
Printed Name		Ti	itle		Title	•				
1/2 <b>9</b> /91	915/686-3									
Date		Telepho	one No		11					

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. \*\* 3-1/2" Liner set @ 15,442' TOL @ 14,564'; cemented with 125 sx Prem cement