Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Antesia, 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

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## **OIL CONSERVATION DIVISION** P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.			<b>N</b> Sr	OHI OIL	ANU NA	IURAL GA					
								en API No. 30 025 31638			
Enron Oil & Gas Company Address								50 025 51038			
P. O. Box 2277, Midla	and, Te	xas 79	702								
Reason(s) for Filing (Check proper box)			_		Ouh	et (Please expla	iin)				
		Change in									
Recompletion	Oil		Dry (	_							
Change in Operator	Casinghea		Cond	cosate		· .					
If change of operator give name and address of previous operator						DO NOT CON		·		· · · · · · · · · · · · · · · · · · ·	
<b>II. DESCRIPTION OF WELL</b>	AND LE					8-9843			<u>&gt;</u>		
Lease Name	Well No.	Well No. Pool Name, Includin						r Lease (Fed) Lease No. Federal or Fee NM 14497-A			
Diamond 7 Federal Con	1.	1	P	tentork	Kanch	[Morrow]/	Razi			449/-A	
Unit LetterB	. 660		Feet	From The	north Lin	e and9	980 Fe	et From The	east	Line	
Township	, 25S		Rang	• 34E	. N	MPM.	Lea			County	
EOTI Energy Operating LF	>										
III. UENIMMATINA UKUKANNYUKIEK UF UIDAND NATUKAD GAN											
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent) Roy 1199 Houston Toxoc 77251										
Name of Authonized Transporter of Oil EO Per Condensate Enron Oil Trading & Transp. Co. Energy Corp. Name of Authonized Transporter of Casinghead Gas II (CCI) Ve of Diverge Corp.						Box 1188, Houston, Texas 77251 Address (Give address to which approved copy of this form is to be sent)					
	nron Oil & Gas Company										
If well produces oil or liquids,	Unit Sec. Twp. Rge.			Box 2267, Midland, Tex Is gas actually connected? When							
give location of tanks.	B	7	1255		Yes	•	<u> </u>	10/16/9	92		
If this production is commingled with that if IV. COMPLETION DATA	from any oth	er lease or	pool, g	rive comming	ing order num	ber:					
Designate Type of Completion	- (X)	Oil Well		Gas Well X	New Well	Warkover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		ol. Ready to	) Prod.		Total Depth	<u>i</u>	J	P.B.T.D.	<b>I</b>	1	
7-18-92	Date Compl. Ready to Prod. 10-9-92				15,623'			15,566'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
3433.2' GR Morrow					15,539'			15,621'			
Perforations								Depth Casing Shoe			
15,539'-15,545' (Morrow)								13,300'			
	TUBING, CASING AND										
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
20	16			<u> </u>			730 Class C 3500 Class C				
<u>14-3/4</u> 9-1/2	7-3/4 & 7-5/8			13300			1800 Class H				
6-1/2	3-1/2" tubing			15621							
V. TEST DATA AND REQUES				R.	L1:	<u>b21</u>		14001	lass H		
OIL WELL (Test must be after r					be equal to or	exceed top allo	wable for thi	s depth or be j	for full 24 hou	rs.)	
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 - Bbis.			Gas- MCF				
GAS WELL	.L				1		<u> </u>	·••			
Actual Prod. Test - MCF/D	Length of Test				Bbis. Conder	sate/MMCF		Gravity of Condensate			
4028	24			16			54.0				
Testing Method (pilot, back pr.)	Tubing Pressure (Shui-in)			Casing Pressure (Shut-in) 600			Choke Size				
Back Pressure	5100				۵۱	<u></u>		DI			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above is true and complete to the barrof my knowledge and belief.					Deta Approved 0CT 2 9 '92						
Bur Sidan											
Signature Betty Gildon, Regulatory Analyst					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Printed Name 10/19/92 Date Title 915/686-3714 Telephone No.					Title	- <u></u>		······	·····	MAR	
Date		Tele	phone	No.						MI	

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.
 A) Sename Form C: 104 must be filed for each pool in multiply completed wells.