Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	T	O TRAN	SPORT	T OIL	AND NA	TURAL GA					
Operator						Well API No.					
Enron Oil & Gas C	ompany			,			30	025 316	<u> </u>		
Address		T	70700								
P. (). Box 2267, M Reason(s) for Filing (Check proper box)	<u>iialana,</u>	rexas	/9/02		χ Othe	r (Please erni	inl Space	ial all	awahla w		
New Well		Change in Tra	nenoster c	of:	(A) Our					equested	
	Oil	~ —	ry Gas	" .					ondensat		
Recompletion	Casinghead	_	ndensate	\Box		IWO (2)			nks & on	e (1)	
If change of operator give name	Casingheau	Jas CC	MOCHAGE				<u></u>	ac tank		J	
and address of previous operator											
II. DESCRIPTION OF WELL A	ANDIFA	CE.									
Lease Name			ool Name.	Includir	ng Formation		Kind	of Lease F	ed L	ease No.	
Diamond 7 Federal Com.					Ranch (M	lorrow)	State,	Federal or Fe	e NM	14497-A	
Location											
Unit Letter B	. 660	Fe	et From T	ne no	orth 11m	and 1980)· Fe	et From The	east	Line	
Ome Lead:	- · 		~ 1 10H 1								
Section 7 Township	25S	Ra	ange	34E	, NI	ирм,	Lea			County	
	_									•	
III. DESIGNATION OF TRANS	SPORTER	OF OIL	AND N	ATU	RAL GAS						
Name of Authorized Transporter of Oil	1 1	or Condensate]	· ·	e address to wi				ent)	
Enron Oil Trading & Transp Co.						P. O. Box 1188, Houston, Texas 77251					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X						Address (Give address to which approved copy of this form is to be sent)					
Enron Oil & Gas Company					P. O. Box 2267, Midland, Texas 79702						
If well produces oil or liquids, give location of tanks.					is gas actuali	y connected?	When	i			
	<u> B </u>		<u> 25 l</u>	34	Yes			10/16/9			
If this production is commingled with that f	rom any other	r lease or poo	al, give con	mmingli	ing order num	per:				 	
IV. COMPLETION DATA		louwin	1 6	17-11	New Well	Workover	Doorse	Dhia Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	- (X)	Oil Well	Gas V	ven i	New Well	workover	Deepen	Flug Back	Saute ves A	Juli Kes V	
Date Spudded	· ·	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Dan Space	•			1.2							
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Pay		Tubing Dep	Tubing Depth		
								.			
Perforations								Depth Casir	ng Shoe		
	π	JBING, C	ASING	AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
								<u> </u>			
V. TEST DATA AND REQUES	T FOR A	LLOWAB	LE							,	
OIL WELL (Test must be after re			load oil an	rd must	be equal to or	exceed top allo	owable for the	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test				Producing M	ethod (Flow, pi	ump, gas iyi, i	eic.j			
	Casing Pressure Choke Size										
Length of Test	f Test Tubing Pressure					116					
David Bank During Test					Water - Bbls.			Gas- MCF	Gas- MCF		
Actual Prod. During Test	Oil - Bbls.				Water - Bola						
	l		_								
GAS WELL		<u> </u>				2.0.400		10	7		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of C	Gravity of Condensate		
					0 '- 0	(Churt in)		Choke Size			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size	Choice Size		
	<u> </u>				İ		.				
VI. OPERATOR CERTIFICA	ATE OF	COMPL	IANCE	3	(ISERV	ΔΤΙΟΝ	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION OCT 21'92						
Division have been complied with and that the information given above is true and complete to the beat of my knowledge and belief.					001 22 20						
and and complete to the boar of my a					Date	Approve	a				
Bow Xi	000	. 3						3 14			
Signature					By_		Orig. S	Rauts			
Signature Betty Gildon, Regulatory Analyst						Paul Kautz Geologist					
Printed Name		T	itle		Title		Geo)!\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
10/19/92	915/6	586-3714									
Date		Telepho	one No.								

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.