Submit 5 Copies Appropriate District Office DISTRICT 1	
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

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State of New Mexico En., y, Minerals and Natural Resources Departmen. +

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

## REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRAN	SPORT OI	L AND NA	TURAL G	AS				
Operator	perator					Well API No.				
Enron Oil & Gas Company					30 025 316					
Address					······································					
P. 0. Box 2267, Mid	land, Te	<u>exas 797</u>	02							
Reason(s) for Filing (Check proper box)				Od	her (Please expl	lain)				
New Well		Change in Tr	· ·							
Recompletion	Oil	_	ry Gas							
Change in Operator	Casinghead		ondensate							
If change of operator give name and address of provious operator		TUIO								
		DESI	WELL HAS	BEEN PLACE	ED IN THE P	000	1'i	······		
II. DESCRIPTION OF WELL	AND LEA	SENOT	GNATED BEL	UW. IF YOU	DO NOT CO	<u>)NCUR S</u>	11/93	<u></u>		
Hallwood 1 Federal (	^		Ditab	ung romation	RITA	Kind State	of Lease FEI Federal or Fe	~ 1	ease No.	
Location		<u> </u>	Pitchfork	<u>Kanch</u> r	<u>urrow &amp;</u>	all		MM 3	<u>J400</u>	
C C	. 660	-		north	10	980 E		weet		
Unit Letter	- :	Fe	et From The	north Lin	e and $13$	<u> </u>	cet From The	west	Line	
Section TT man Townshi	in. 255	Ra	inge 33E	N	MPM,	Lea			Consta	
See BOTT Energy Open								· · · · · · · · · · · · · · · · · · ·	County	
III. DESIGNATION OF TRAN	SPORTER	R OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Condensate		Address (Gin	e address to wi	hich approved	l copy of this f	form is to be se	nt)	
Enron Oil Trading & Transp Co. EUTT Energy Corp. P. O. Box 1188, Houston, Texas 77251-1188										
Name of Authorized Transporter of Casin	ghead Gas	or or	Dry Gas X	Address (Gin	e address to wi	hich approved	l copy of this f	orm is to be se	nt)	
Transwestern Pipeline	<u>Co.</u>	<u>.</u>		P. O. E	Box 1188,	Housto	n. Texas	5 77251-	1188	
If well produces oil or liquids,	Unit	Sec. Tv	vp. Rge.	Is gas actuali		When				
give location of tanks.			25S 33E	Yes		<u> </u>	2-26-92			
If this production is commingled with that	from any othe	r lease or poo	l, give comming	ling order num	ber:					
IV. COMPLETION DATA										
Designate Type of Completion	- M	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
			<u> </u>	X Total Death	I	<u> </u>	l			
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
8-9-92 Elevations (DF, RKB, RT, GR, etc.)	12-9-92			15,535' Top Oil/Gas Pay			15,406'			
3464.7' GR							Tubing Depth			
3464.7' GR Morrow			14775			3-1/2" set at 15,535' Depth Casing Shoe				
14.//5-14./0/ (MUFFOW				(Morrow			13,325	)	<u> </u>	
HOLE SIZE	TUBING, CASING AND C			DEPTH SET			SACKS CEMENT			
20	CASING & TUBING SIZE						625 Prem Plus			
14-3/4	10-3/4			<u>657</u> 5131			3160 C1 C			
9-1/2	7-5/8						1065 Prem Lite & 750 Prem			
6-1/2		2" Liner	•	13325 14704 TOL: 13038			200 C1 A			
V. TEST DATA AND REQUES	T FOR AI	LOWAB	LE	<u></u>		<u></u>	1 200 01			
OIL WELL (Test must be after re				be equal to or	exceed top allo	wable for this	s depth or be f	or full 24 hour	s.)	
Date First New Oil Run To Tank	Date of Tar				thod (Flow, pu					
Length of Te-	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	•		Water - Bbls.	- Bbls.		Gas- MCF			
- <u> </u>										
GAS WELL										
Actual Prod. Test - MCF/D	Length of Te	si		Bbls. Conden	sate/MMCF		Gravity of C	ondensate		
3606	24 hours		58			35.0				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size				
Back Pressure	5500			J .			19/64			
VI. OPERATOR CERTIFICA	ATE OF (	COMPLI	ANCE							
I hereby certify that the rules and regula				C	DIL CON	SERVA				
Division have been complied with and the	hat the inform	ation given ab		JAN 1 5 1993						
is true and complete to the best of my k	nowledge and									
D. Vinn										
- PUTU AUNA	SUTU AULON By ORIGINAL SIGNED BY JERRY SEXTON									
Signature Betty Gildon, Regulatory Analyst										
Printed Name		Till	<b>p</b>	Title						
1/3/93	915/6	586-3714		Title_			······			
Date		Telephon	e 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.