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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Enron Oil & Gas Company	Well API No. 30 025 31649
Address P. O. Box 2267, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hallwood 1 Federal Com.	Well No. 1	Pool Name, Including Formation Pitchfork Ranch Morrow	Kind of Lease FED State, Federal or Fee	Lease No. NM 30400
Location Unit Letter C : 660 Feet From The north Line and 1980 Feet From The west Line Section 1 Township 25S Range 33E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Enron Oil Trading & Transp Co. EOTT Energy Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, Texas 77251-1188					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, Texas 77251-1188					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 1	Twp. 25S	Rge. 33E	Is gas actually connected? Yes	When? 12-26-92

If this production is commingled with that from any other lease or pool, give commingling order number.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 8-9-92	Date Compl. Ready to Prod. 12-9-92		Total Depth 15,535'		P.B.T.D. 15,406'			
Elevations (DF, RKB, RT, GR, etc.) 3464.7' GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 14775		Tubing Depth 3-1/2" set at 15,535'			
Perforations 14,775-14,787 (Morrow "A") & 15,321'-15,385' (Morrow "C")					Depth Casing Shoe 13,325			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
20	16		657		625 Prem Plus			
14-3/4	10-3/4		5131		3160 C1 C			
9-1/2	7-5/8		13325		1065 Prem Lite & 750 Prem			
6-1/2	5-1/2" Liner		14704 TOL: 13038		200 C1 A			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

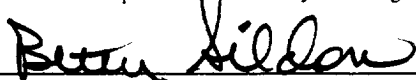
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 3606	Length of Test 24 hours	Bbls. Condensate/MMCF 58	Gravity of Condensate 35.0
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 5500	Casing Pressure (Shut-in)	Choke Size 19/64

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given above
is true and complete to the best of my knowledge and belief.


Signature
Betty Gildon, Regulatory Analyst
Printed Name
1/3/93
Date
915/686-3714
Telephone No.

OIL CONSERVATION DIVISION

JAN 15 1993

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
SUPERVISOR

Title

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.