Submit 5 Conies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico E. , Minerals and Natural Resources Department

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 Santa Fe, New Mexico 87504-2088

I.						AUTHOR TURAL G					
Operator							Well API No.				
Enron Oil & Gas Company Address							30 025 32182				
P. O. Box 2267, Mid1	and, Te	xas 79	702								
Reason(s) for Filing (Check proper box) New Well		Change in	т		Oil	her (Please exp	iain)				
Recompletion	Oil	Change in	Dry C								
Change in Operator	Casinghea	d Gas 🔲	-	ensate							
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL AND LEASE											
Lesse Name Vaca 13 Federal	Well No. Pool Name, includi						of Lease Fed Lease No.				
Location				Red HII	12 Roue	Spring	State,	Federal or Fee	NM	19623	
Unit LetterB	_ :660		Feet F	rom The	north Li	ne and	980	et From The	east	T inc	
250 220					P. T. Controlled Inc.						
Section 13 Township 25S Range 33E						E, NMPM, Lea County					
III. DESIGNATION OF TRANSPORTER OF OIL AND NATIONAL GAS Name of Authorized Transporter of Oil Transporter o											
XEU! Francis I - T						P. O. Box 4666, Houston, Texas 77210-4666					
lame of Authorized Transporter of Casinghead Gas					Address (Give address to which approved copy of this form is to be sent)						
Enron 0il & Gas Company well produces oil or liquids, Unit Sec. Twn. Rec.					P. O.	Box 2267	, Midlan	d, Texas 79702			
give location of tanks.	Unit B	Sec.	Twp. 25					en ? 1-27-94			
f this production is commingled with that from any other lease or pool, give comming											
IV. COMPLETION DATA		Oil Well		Gas Well	N			(
Designate Type of Completion	- (X)	X	i	Gas Well	New Weil	Workover	Deepen	Plug Back Sa	ıme Res'v	Diff Res'v	
Date Spudded	Date Comp	i. Ready to	Prod.	-	Total Depth		<u> </u>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay Tubing Depth					
Perforations								Death Casing Shoe			
Depth Casing Shoe											
LIOI E CIZE	TUBING, CASING AND				CEMENTI	·					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		1	-					
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, pum								tc.)			
Length of Test	Tubing Pressure				Casing Press	ите		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL											
						sate/MMCF		Gravity of Condensate			
sting Method (puot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
							Cloke Size				
VI. OPERATOR CERTIFICATE OF COMPLIANCE							ISEDVA		אופוס	NI	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION FEB 01 1994						
is true and complete to the bast of my knowledge and belief.					Date	Approve	d	ILD VI	1334		
Bosti dil Don ?						• •		DV IEDDV C	EYTAN		
Signature					∥ By_	By ORIGINAL SIGNED BY JERRY SEXTON					
Betty Gildon, Regulatory Analyst Printed Name Title					Tin			•			
1/28/94 Date	915/68	36 - 3714		I.	Title		·		-		
		1 cjeb	hone i	W .	1						

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.