

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Enron Oil & Gas Company		Well API No. 30 025 32182
Address P. O. Box 2267, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) 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 Vaca 13 Federal	Well No. 2	Pool Name, Including Formation Red Hills Bone Spring	Kind of Lease Red State, Federal or Fee	Lease No. NM 19623
Location Unit Letter B : 660 Feet From The north Line and 1980 Feet From The east Line Section 13 Township 25S Range 33E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil EOTT Energy Corp	or Condensate	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4666, Houston, Texas 77210-4666				
Name of Authorized Transporter of Casinghead Gas Enron Oil & Gas Company	or Dry Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2267, Midland, Texas 79702				
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 13	Tw. 25	Rge. 33	Is gas actually connected? No	When ?

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12-16-93	Date Compl. Ready to Prod. 1-11-94		Total Depth 12,600'		P.B.T.D. 12,362'			
Elevations (DF, RKB, RT, GR, etc.) 3356.9' GR	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 12,240'		Tubing Depth N/A			
Perforations 12,240'-12,264'					Depth Casing Shoe 12,475'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14-3/4"	11-3/4"		657'		351 C1 C			
11"	8-5/8"		5035'		1287 PSL C & 200 C1 C			
7-7/8"	5-1/2"		12475'		1990 50-50 poz			

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.)

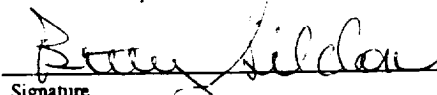
Date First New Oil Run To Tank 1-21-94	Date of Test 1-23-94	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure 1110	Choke Size 16/64"
Actual Prod. During Test	Oil - Bbls. 426	Water - Bbls. 142	Gas - MCF 0

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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
1/25/94 915/686-3714
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 27 1994
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 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.