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State of New Mexico  
Encl 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<br>Enron Oil & Gas Company   |   | Well API No.<br>30 025 32246 |
| Address<br>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"/> | connect gas                  |
| If change of operator give name and address of previous operator                        |   |                              |

|   |  |               |   |  |                         |
|---|--|---------------|---|--|-------------------------|
| Lease Name<br>Diamond 7 Federal   |  | Well No.<br>2 | Pool Name, Including Formation<br>Wildcat Wolfcamp Bone Springs | Kind of Lease Fed<br>State, Federal or Fee | Lease No.<br>NM 14497-A |
| Location<br>Unit Letter G : 1980 Feet From The north Line and 1780 Feet From The east Line<br>Section 7 Township 25S Range 34E , NMPM, Lea County |  |               |   |  |                         |

|   |           |           |             |             |                                   |   |  |
|---|-----------|-----------|-------------|-------------|-----------------------------------|---|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> EOTT Energy Operating LP<br>EOTT Energy Corp. Effective 4-1-94              |           |           |             |             |                                   | Address (Give address to which approved copy of this form is to be sent)<br>Box 4666, Houston, Texas 77210-4666 |  |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Transwestern Pipeline Co. |           |           |             |             |                                   | Address (Give address to which approved copy of this form is to be sent)<br>Box 1188, Houston, Tx 77251-1188    |  |
| If well produces oil or liquids, give location of tanks.  | Unit<br>G | Sec.<br>7 | Twp.<br>25S | Rge.<br>34E | Is gas actually connected?<br>Yes | When?<br>12-31-93   |  |
| If this production is commingled with that from any other lease or pool, give commingling order number:   |           |           |             |             |                                   |   |  |

|                                     |                             |                      |                   |               |          |              |           |            |            |
|-------------------------------------|-----------------------------|----------------------|-------------------|---------------|----------|--------------|-----------|------------|------------|
| Designate Type of Completion - (X)  |                             | Oil Well<br>X        | Gas Well          | New Well<br>X | Workover | Deepen       | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded                        | Date Compl. Ready to Prod.  |                      | Total Depth       |               |          | P.B.T.D.     |           |            |            |
| Elevations (DF, RKB, RT, GR, etc.)  | Name of Producing Formation |                      | Top Oil/Gas Pay   |               |          | Tubing Depth |           |            |            |
| Perforations                        |                             |                      | Depth Casing Shoe |               |          |              |           |            |            |
| TUBING, CASING AND CEMENTING RECORD |                             |                      |                   |               |          |              |           |            |            |
| HOLE SIZE                           |                             | CASING & TUBING SIZE |                   | DEPTH SET     |          | SACKS CEMENT |           |            |            |
|                                     |                             |                      |                   |               |          |              |           |            |            |
|                                     |                             |                      |                   |               |          |              |           |            |            |
|                                     |                             |                      |                   |               |          |              |           |            |            |
|                                     |                             |                      |                   |               |          |              |           |            |            |

|  |                 |   |            |
|--|-----------------|---|------------|
| 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        | 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<br>Betty Gildon, Regulatory Analyst  |                       |
| Printed Name<br>1/7/94   | Title<br>915/686-3714 |
| Date   | Telephone No.         |

|                           |  |
|---------------------------|--|
| OIL CONSERVATION DIVISION |  |
| Date Approved             | JAN 12 1994  |
| By                        | ORIGINAL SIGNED BY JERRY SEXTON<br>DISTRICT I 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.