	DISTRIBUTION						
	SANTA FE			L CONSERVATION MMMI ST FOR ALLOWABLE	SSION -	Form C+104	
	FILE U.S.G.S.			AND		Supersedes Old C-104 and C Effective 1-1-65	
	LAND OFFICE	┿╾┿╸	AUTHORIZATION TO T	RANSPORT OIL AND N	ATURAL GAS	. •	
	TRANSPORTER OIL	┼╾┼╸					
	GAS GAS			EIVED BY			
	OPERATOR			2 1987			
1.	PRORATION OFFICE			2 7 1937			
	Enron Oil & Gas	Compai	0.	- <u>2. p</u>	, <u> </u>		
	Address						
	P. O. Box 2267,	Midlan	nd, Texas 79702	A REAL PROPERTY OF THE PARTY OF			
	Reason(s) for filing (Check)	proper bo	z)	Other (Please e	explaint		
	New Well		Change in Transporter of:	Omer 11 teuse e	(Apriling)	,	
	Recompletion Change in Ownership X			Gas Change	Operator Nam	ne .	
				densate	•		
	If change of ownership give name HNG OIL COMPANY, P. O. Box 2267, Midland, Texas 79702						
II.	DESCRIPTION OF WEL	L AND					
	Golden Lane 36 1	Federa	Well No. Pool Name, Including		(ind of Lease	Lease No.	
	Location		Golden La	ine Atoka s	State, Føderal or Fee	Federal NM 17425	
	Unit Letter J	. 20	180 Feet From The South L	1000			
		·	Feet From The South L	,ine and 1000	Feet From The	ast	
	Line of Section 36	To	waship 20S Range	29Е , ммрм,	Eddy	Country	
***	DESIGNATION OF THE					County	
	Name of Authorized Transpor	SIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
1	N/A		-	Address (Give dadress to)	which approved copy	of this form is to be sent)	
Nome of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of						of this form is to be senti-	
	N/A						
	If well produces oil or liquids give location of tanks.	•	Unit Sec. Twp. P.ge.	is gas actually connected?	1		
Ŀ	NO P&A 7/13/82						
IV.	f this production is commingled with that from any other lease or pool, give commingling order number:						
ſ	Designate Type of Co	. 1	Oil Weil Gas Well	New Well Workover	Deepen Plug B	ack Same Hesty, Dill. Resty	
ļ							
	Date Spudded		Date Compl. Ready to Prod.	Total Depth	P.B.T.	D.	
ŀ	Elevations (DF, RKB, RT, GR		Name of Producing Formation				
	,,,,	, ee.y		Top Oll/Gas Pay	Tubing	Depth	
Ī	Perforations				Depth (Casing Shoe	
Ļ							
- -	TUBING, CASING, AND CEMENTING RECORD						
┝	HOLE SIZE		CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT	
F					<u>Ł</u>	nt ID-3	
						3-27-87	
L						- chy p	
	EST DATA AND REQU	est fo	OR ALLOWABLE (Test must be a	after recovery of total volume i	of load oil and must	be equal to or exceed top allow	
	DIL WELL Date First New Cil Run To Ta	n k 9	Date of Test	epth or be for full 24 hours) Producing Method (Flow, pu			
					inip, gas iiji, etc.)	•	
	Longth of Tust		Tubing Pressure	Casing Pressure	Choke S	5iz•	
						د	
1	Actual Prod. During Test		Oll-Bhla.	Water-Bble.	Gan - Ma	JF	
I							
G	AS WELL						
	Actual Prod. Test-MCF/D		Length of Test	Bbls. Condensate/MMCF	Gravity	of Condensate	
	Testing Method (pitot, back pr.		Tubing Pressure (Shut-in)	Casing Freesure (Shut-in) Choke S	ize	
τι. C	CERTIFICATE OF COMPLIANCE		OIL CON	SERVATION C			
I	hereby certify that the rules and regulations of the Oil Conservation ommission have been complied with and that the information given hove is true and complete to the best of my knowledge and belief.			APPROVED MAR 2 3 1987			
C				BY. Original Signed By			
				Les A. Clements			
				TITLE	TITLE Supervisor District 1		
	\mathbf{B} \mathbf{V} 0			This form is to be filed in compliance with RULE 1104.			
-	Betty Gildon, Regulatory Analyst			If this is a request for allowable for a nawly drilled or despen- well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow			
	2/10/87			able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner			
		(Date)	well name or number, or	transporter, or othe	r such change of cendition	
				Separate Forms C-	104 must be filed	for each pool in multipl	