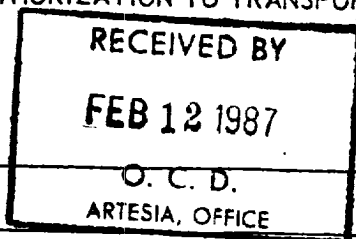


|                  |     |                                     |                                     |
|------------------|-----|-------------------------------------|-------------------------------------|
| DISTRIBUTION     |     |                                     |                                     |
| SANTA FE         |     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| FILE             |     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| U.S.G.S.         |     |                                     |                                     |
| LAND OFFICE      |     |                                     |                                     |
| TRANSPORTER      | OIL |                                     |                                     |
|                  | GAS | <input checked="" type="checkbox"/> |                                     |
| OPERATOR         |     | <input checked="" type="checkbox"/> |                                     |
| PRORATION OFFICE |     |                                     |                                     |

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-  
Effective 1-1-65



I. Operator  
Enron Oil & Gas Company  
Address  
P. O. Box 2267, Midland, Texas 79702  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐ Change Operator Name  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐  
If change of ownership give name and address of previous owner HNG OIL COMPANY, P. O. Box 2267, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

|   |               |   |  |                      |
|---|---------------|---|--|----------------------|
| Lease Name<br>McKittrick 30 Federal   | Well No.<br>1 | Pool Name, including Formation<br>Happy Valley Morrow | Kind of Lease<br>State, Federal or Fee Federal | Lease No.<br>NM38627 |
| Location<br>Unit Letter C : 660 Feet From The north Line and 2285 Feet From The west<br>Line of Section 30 Township 22S Range 26E , NMPM, Eddy County |               |   |  |                      |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |  |
|--|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/><br>None  | Address (Give address to which approved copy of this form is to be sent)   |  |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/><br>El Paso Gas Transportation Company | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 1492, El Paso, Texas 79978 |  |
| If well produces oil or liquids, give location of tanks.   | Unit<br>Sec.<br>Twp.<br>Rge.   | Is gas actually connected? When<br>Yes 7/12/84 |

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 Restv. | Diff. Restv. |
| 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      |           |             |              |
|                                      |                             |          |                 |          | Post FD-3         |           |             |              |
|                                      |                             |          |                 |          | 3-22-87           |           |             |              |
|                                      |                             |          |                 |          | chg up            |           |             |              |

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 Tanks | 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 (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

VI. CERTIFICATE OF COMPLIANCE

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

Betty Gildon  
(Signature)

Betty Gildon, Regulatory Analyst

2/10/87

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 23 1987  
Original Signed By  
BY Les A. Clements  
TITLE Supervisor District II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple.