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TRANSPORTER	OIL <input type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
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NEW MEXICO OIL CONSERVATION MISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED BY

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

FEB 12 1987

O. C. D.
ARTESIA, OFFICE

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 in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Change Operator Name

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

Lessee Name Rock Tank 10 State	Well No. 1	Pool Name, including Formation UND. Sheep Draw Morrow	Kind of Lease State, Federal or Fee State	Lease No. L-5103
Location Unit Letter <u>A</u> ; <u>858</u> Feet From The <u>north</u> Line and <u>1038</u> Feet From The <u>east</u> Line of Section <u>10</u> Township <u>23S</u> Range <u>25E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> N/A	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 type="checkbox"/> N/A	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? No	When P&A 1/16/81

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 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				
					Post ID-3				
					3-22-87				
					shy 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 allow
able 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 (pilot, 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

(Title)

2/10/87
(Date)

OIL CONSERVATION COMMISSION

MAR 23 1987

APPROVED _____, 19

BY _____ Original Signed 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 deviation
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow-
able 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 multipl