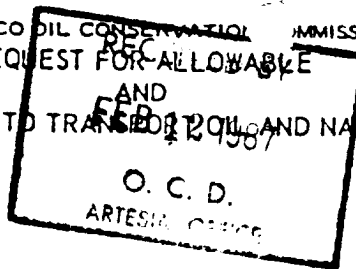


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SANTA FE	<input checked="" type="checkbox"/>
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U.S.G.S.	<input checked="" type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input checked=""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

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 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: SE Loring
Lease Name Loving 36 State Well No. 1 Pool Name, including Formation ~~Wildcat~~ Atoka Kind of Lease State, Federal or Fee State Lease No. LG 8597
Location
Unit Letter N : 660 Feet From The south Line and 2070 Feet From The West
Line of Section 36 Township 23S Range 27E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒
The Permian Corporation Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
Transwestern Pipeline Company Address (Give address to which approved copy of this form is to be sent)
P. O. Box 2521, Houston, Texas 77001
If well produces oil or liquids, give location of tanks. Unit N Sec. 36 Twp. 23 Rge. 27 Is gas actually connected? Yes When 4/17/84

IV. COMPLETION DATA
If this production is commingled with that from any other lease or pool, give commingling order number:
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 Gasing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
Post ID-3
3-27-82
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 (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
APPROVED MAR 23 1987
BY Original Signed By Les A. Clements
TITLE Supervisor District 1
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 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.