Appropriate Distinct Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240	Energy, Minerals and Natural Resources Department							Form C-104 Revised 1-1-89 See Instructions			
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		∿L C	ONS	SERVA P.O. E	ATION	TION DIVISION			RECEIVED at Bottom of Page		
DISTRICT III		Sa	nta Fe		lexico 875	04-2088		SEP 2	5 1992	CIT	
1000 Rio Brazos Rd., Aziec, NM 87410	REQU	JEST FO		LLOWA	BLE AND	BLE AND AUTHORIZATION			O. C. D.		
Operator			NSP	ORT OI	L AND NA	AND NATURAL GAS			API No.		
Hanagan Petroleum Cor Address	poratio	n 🗸						-015-267	74		
P.O. Box 1737 - Rosw Reason(s) for Filing (Check proper bax)	ell, <u>N</u> M	88	202			,					
New Well		Change in	Transpo	xter of:	Chan	ge of pu	<i>lain)</i> Irchaser	of oil.	effecti	ve 9/1/92	
Recompletion	Oil Casinghea		Dry Ga Conder		Enro	n Oil Tr	rading &	Transpo	rtation	Co.	
Change in Operator Casinghead Gas Condensate P.O. Box 1188, Houston, Tx. 77251-1188 If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL AND LEASE											
Lesse Name Unocal HPC Federal	Well No. Pool Name, Includi				-			of Lease		ease No.	
Location	<u> </u> Lost Tank				Delaware State			Federal or Fe	NM-4:	3556	
Unit Letter <u>G</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line											
Section 1 Township 22 South Range 31 East NMPM, Eddy County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Enron Oil Trading & Tra	nsportation Co.				Address (Give address to which approved P.O. Box 1188, Houston			copy of this form is to be sent) , Tx. 77251-1188			
Name of Authorized Transporter of Casing Yates Petroleum Corpora	Casinghead Gas X or Dry Gas				Address (Giv	e address to w	hich approved	copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit	Jait Sec. Twp. Rge.			105 South Fourth St., Is gas actually connected? When			Artesia, NM 88210			
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA											
Designate Type of Completion		Oil Well		Jas Well	New Well	Workover	Deepen	Plug Back	Same Rec'y	Diff Res'v	
Date Spudded		I. Ready 10	Prod.		Total Depth	I		ļ]			
Elevations (DF, RKB, RT, GR, etc.)		· · · · ·				·			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Perforations					Top Oil/Gas Pay			Tubing Depth			
									Depth Casing Shoe		
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE										
					DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	TEODA	HOW	DLB								
OIL WELL (Test must be after re				il and must	be equal to or	exceed top all	owable for thi	s depth or be f	or full 24 how		
Date First New Oil Run To Tank	Date of Tes	ł			Producing Mo	sthod (Flow, p	ump, gas lift, e	uc.)		<u>.,</u>	
Length of Test	Tubing Pres	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL	L				1			<u> </u>			
Actual Prod. Test - MCF/D	Longth of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, 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						OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.											
41 1 0 11					Date ApprovedSEP 2 8 1992						
Augh Ettonapon					By ODICINAL SIGNED BY						
<u>Hugh E. Hanagan</u> (<u>President</u>					By ORIGINAL SIGNED BY MIKE WILLIAMS						
9/24/92 505-623-5053					TitleSUPERVISOR, DISTRICT I						
Date Telephone No.						All and the second s					

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.