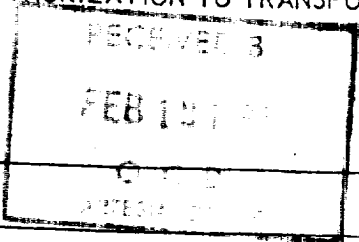


DISTRIBUTION  
SANTA FE  
FILE  
U.S.G.S.  
LAND OFFICE  
TRANSPORTER  
OIL  
GAS  
OPERATOR  
PRORATION OFFICE

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



Operator  
Enron Oil & Gas Company  
Address  
P. O. Box 2267, Midland, Texas 79702

Reason(s) for filing (Check proper box)  
New Well ☐  
Recompletion ☐  
Change in Ownership ☒  
Change in Transporter of:  
Oil ☐  
Casinghead Gas ☐  
Dry 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

Lease Name  
Grynberg 11 Federal Com.  
Well No. 1  
Pool Name, including Formation  
White City Penn.  
Kind of Lease  
State, Federal or Fee Federal  
Lease No.  
NM 14468  
Location  
Unit Letter G  
1650 Feet From The north Line and 1650 Feet From The east  
Line of Section 11 Township 25S Range 26E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐  
None  
Address (Give address to which approved copy of this form is to be sent)  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒  
Natural Gas Pipeline Co. of America  
Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 283, Houston, Texas 77001  
If well produces oil or liquids, give location of tanks.  
Unit Sec. Twp. Rge.  
Is gas actually connected? Yes  
When 3/29/78

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 Resv. Diff. Resv.  
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  
3-22-82  
chy 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 2 1987  
BY  
Original Filed By  
TITLE  
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.