Submit 5 Copies Appropriate District Office **DISTRICT!** P. O. Box 1980, Hobbs, NM 88240

DISTRICT II P. O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

Julio of New Mexico Energy, Minerals and Natural Resources Departr

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.											
Operator John H. Hendrix Corporation								Well API No.			
Address								30	0 - 025-06783		
223 West Wall, Suite 525, Mid Reason (s) for Filling (check proper box)	land, TX 79	701	<del></del>			T 04	781	<del></del>			
New Well		nge in Tr	ransporter	of:	X	_	ei (Please ex FECTIVE		1004		
Recompletion Oil Dry Gas											
Change in Operator  If change of operator give name	Casinghead Ga	as	_ <u>_</u>	Condens	sate						
and address of previous operator	_Chevron U	J.S.A.,	Inc., P.	O. Bo:	× 1150,Midla	and. T	<del>× 797()2</del>	<u> </u>	W		
II. DESCRIPTION OF WELL							<u> </u>				
Lease Name	AIND DUILDE	No. Pool	Name, L	ncluding Format	tion		Kir	nd of Lease	I I case No		
S. E. Cone									te, Federal or Fee	Lease No.	
Location	1 Blinebry Oil 06660										
Unit Letter K	:	1980	Feet F	rom The	South	Line	and	1980	Feet From The	West Line	
Section 26 Township	21S	Rang	ge	37E		, NM	ΔPM,	Lea		· · · · · · · · · · · · · · · · · · ·	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
EOTT Energy Corporation					Box 4666, Houston, Texas 77210-4666						
Name of Authorized Transporter of Casing Warren Petroleun Co. 0246	head Gas	or	r D y Gas		Address		e address to	which appro	oved copy of this f	form is to be sent)	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actua		P. O	Box 1589 When ?	, Tulsa, OK	74102	
give location of tanks.			<u></u> .		In San acres	miy com	eciea i	when i			
If this production is commingled with that	from any other le		م مرداد ا		Ye	<u>s</u>		<u></u>	Unknown		
IV. COMPLETION DATA	Hom any outer tee	ase or po	oi, give a	ommingi	ing order number	er:	<del></del>				
Decignate Time of Completion	/42)	Oil We	ell Gas	Well	New Well W	orkover	Deepen	Plugback	Same Res'v	Diff Res'v	
Designate Type of Completion  Date Spudded		andu to P	)-od				<u></u>			,	
Sale Comp.: Ready to Frod.					Total Depth			P. B. T. D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Peforations								Depth Casin; g			
	EMENTING RE	TOODD.									
HOLE SIZE CASING & TUBING SIZ				AND		TH SET	<del></del>	SACKS CEMENT			
	<u> </u>										
	<u> </u>		<del></del>					<b></b>	<del></del>		
V. TEST DATA AND REQUES	T FOR ALL	OWAT	or tr								
OIL WELL (Test must be after re	ecovery of total vi	Olume of	load oil a	ind must	he equal to or e	ucaad tan	- allamabla f	* at to damate			
Date First New Oil Run To Tank  ength of Test					Producing Method (Flow, pump, gas lift, etc.)						
	Tubing Pressure				Casing Pressure			Choke Size			
ectual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas - MCF			
GAS WELL								<del></del>			
ctual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pilot, back press.)	Tubing Pressure (Shut - in)				Casing Pressure (Shut - in)			Choke Size			
I hereby certify that the rules and regulati	ions of the Oil Co	nservatic	on			OIL	CONS	FRVAT	ION DIVIS	ION	
Division have been complied with and the	at the information	given al	bov <b>e</b>		OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date Approved APR 1 4 1994						
Signature					Ву	ORIG	INAL SIG	NED BY J	FRRY SEXTO	N	
Konnie H West prose V from.					ORIGINAL SIGNED BY JERRY SEXTON  Title DISTRICT I SUPERVISOR						
Printed Name / 3/0/G4	A11-Title	4-66	191		***************************************		<del></del>				
Date		phone No									

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
- 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.