

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I. Operator
John H. Hendrix Corporation

Address
525 Midland Tower, Midland, Texas 79701

Person(s) for filing (Check proper box) Other (Please explain)

New Well
 Recompletion
 Change in Ownership

Change in Transporter of:
 Oil
 Casinghead Gas
 Dry Gas
 Condensate

If change of ownership give name and address of previous owner Sun Exploration and Production Co., Box 1861, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name Belcher Well No. 1 Pool Name, including location Drinkard - R-3573 - 2/1/83 Kind of Lease Fee Lease No. _____

Location
Unit Letter L ; 660 Feet From The West Line and 1980 Feet From The South Line of Section 7 Township 22-S Range 38-E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Effective 1-1-93 Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Box 1510, Midland, Texas 79701

Name of Authorized Transporter of Casinghead Gas or Dry Gas
Texas USA Lesaco Prod. Inc Box 1650, Tulsa, Oklahoma


If well produces oil or liquids, give location of tanks. Unit L Sec. 7 Twp. 22 Rge. 38 Is gas actually connected? Yes When 5-1-75

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.


(Signature)
Production Clerk
(Title)
Feb. 7, 1986
(Date)

OIL CONSERVATION DIVISION
FEB 14 1986
APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY TEXTON
DISTRICT SUPERVISOR
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 multiply completed wells.

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
John H. Hendrix Corporation

Address
525 Midland Tower, Midland, Texas 79701

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter of:
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinthead Gas
	<input type="checkbox"/> Dry Gas
	<input type="checkbox"/> Condensate

Other (Please explain)

If change of ownership give name and address of previous owner: Sun Exploration and Production Co., Box 1861, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name Belcher	Well No. 1	Pool Name, Including Formation Tubb Oil	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter L 660 Feet From The West Line and 1980 Feet From The South Line of Section 7 Township 22-S Range 38-E NMPM Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 797001
Name of Authorized Transporter of Casinthead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Tessco USA (Getty) Tessco Prod. Inc.	Address (Give address to which approved copy of this form is to be sent) Box 1650, Tulsa, Oklahoma
If well produces oil or liquids, give location of tanks.	is gas actually connected? <input type="checkbox"/> when

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

[Signature]
Production Clerk
Feb. 7, 1986

OIL CONSERVATION DIVISION
APPROVED FEB 14 1986, 19
BY ORRIN SIGNED BY JERRY SECCON
TITLE DISTRICT I SUPERVISOR

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TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I.

Operator Sun Exploration & Production Co.

Address P. O. Box 1861, Midland, Texas 79702

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas	

Other (Please explain) _____

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Belcher</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Drinkard</u>	Kind of Lease State, Federal or Fee	Fee	Lease No. <u>J-522</u>
Location Unit Letter <u>L</u> : <u>660</u> Feet From The <u>west</u> Line and <u>1980</u> Feet From The <u>south</u>					
Line of Section <u>7</u> Township <u>22S</u> Range <u>38E</u> , NMPM, <u>Lea</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Texas New Mexico Pipeline Co.</u>	<u>P. O. Box 1510, Midland, Texas 79702</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Texaco Producing, Inc.</u>	<u>P. O. Box 3109, Midland, Texas 79702</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>L</u> <u>7</u> <u>22 S</u> <u>38 E</u> <u>yes</u> <u>5-1-75</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Velma Reyes

Sr. Accounting Asst.

9-26-85

(Date)

OIL CONSERVATION DIVISION

OCT 1 - 1985

APPROVED _____, 19 _____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

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Separate Forms C-104 must be filed for each pool in multiphase completed wells.

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ENERGY AND MINERALS DEPARTMENT

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OPERATOR	
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Sun Exploration & Production Co.

Address P. O. Box 1861, Midland, Texas 79702

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas	

Other (Please explain) _____

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Belcher</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Tubb Oil & Gas</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No. _____
Location				
Unit Letter <u>L</u>	<u>660</u>	Feet From The <u>west</u>	Line and <u>1980</u>	Feet From The <u>south</u>
Line of Section <u>7</u>	Township <u>22S</u>	Range <u>38E</u>	, NMPM, <u>Lea</u> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texas New Mexico Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1510, Midland, TX 79702</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Texaco Producing, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 3109, Midland, Texas 79702</u>
If well produces oil or liquids, give location of tanks.	Unit <u>L</u> Sec. <u>7</u> Twp. <u>22S</u> Rge. <u>38E</u>
Is gas actually connected?	Yes <u>5/1/75</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Velma Reyes
(Signature) Sr. Accounting Asst.

(Title) 9-26-85

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 1 - 1985, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

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