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

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

ISTRICT III 000 Rio Brazos Rd., Azlec, NM 87410	REQU	JEST FO	OR A	ALLC	WABI	LE AND	AUTH	ORIZ	ATION				
•		TO TRA	NSF	POR	T OIL	AND NA	TURA	L GA	>	API No.			
)pentor John II. Hendrix	Corpo	ration	n				<u></u>						
Address						mv 7	9701						
223 W. Wall, Sui	te 52.	5	M.	101	and,		er (Pleas		n)				
Reason(s) for Filing (Check proper box)	;	Change in			of:		*	Eff	ective	9/1/9	1		
Recompletion	Oil		Dry C							•			
Change in Operator	Casinghea	d Gas	Cond	iensate	ᆜ_								
change of operator give name ad address of previous operator		•											
DESCRIPTION OF WELL AND LEASE									Kind of Lease FEE		Lease No.		
ease Name	Well No. Pool Name, Including					Yates Seven River				State, Federal or Fee L'S			
Ida White		L 						Quec	-11				
ocation Unit LetterI	. 16	550	_ Feet	From	The _S	outh Lin	e and	330	Fe	eet From The	East	Line	
						6-E ,N					Lea	County	
Section 35 Townshi									. 2 - 1				
II. DESIGNATION OF TRAN	SPORTE	ER OF O	IL A	ND I	VATUE	RAL GAS	, addrag	e to wh	ich anne avec	l copy of this	form is to be se	ent)	
Name of Authorized Transporter of Oil	XXX	Of Conoci	Ireate		ן כ	Roy 1	183	Ho	uston	. TX 7	7251-11	83	
Scurlock Permiar Name of Authorized Transporter of Casin	COLD	orati	or D	ry Gas		Address (Gi	ve addres	s to wh	ich approved	d copy of this	form is to be se	ent)	
Philleps 66 no	ill ge	GPI			orpor	Address (Gi Otion EF Is gas actual	FECTI\	/E: F	bruary When	1, 1972			
f well produces oil or liquids, ive location of tanks.	Unit '	Sec.	Twp.). 	Rge.	is gas actual	iy connec	2601					
this production is commingled with that	from any of	her lease or	_l r pool,	give c	onuningli	ing order num	iber:				· · · · · · · · · · · · · · · · · · ·		
V. COMPLETION DATA									Deepen	Plue Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Wel	[1] 1	Gas	Well	New Well	WOIK	Over) Decpoi]	<u>i</u>	_i	
Designate Type of Completion	Date Con	npl. Ready t	to Prod	i.		Total Depth				P.B.T.D.			
Tate Springer							Top Oil/Gas Pay				Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	PT, GR, etc.) Name of Producing Formation					Top Oil Cas 1 a)							
Perforations	<u> </u>					<u> </u>				Depth Cas	ng Shoe		
CHOIROCHO								COD					
		TUBING, CASING AND					DEPTH SET				SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE												
V. TEST DATA AND REQUE	ST FOR	ALLOW	ĀBL	Æ		<u></u>							
V. TEST DATA AND REQUED IL WELL (Test must be after	recovery of	total volum	e of loc	ad oil	and must	be equal to	or exceed	top all	owable for Il	his depth or be	e for full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of T	l'est				Producing N	Method (1	· Iow, pi	ump, gas iyi.	, eic.j			
·.	T. L December					Casing Pressure				Choke Size			
Length of Test	lubing r	Tubing Pressure									Gas- MCF		
Actual Prod. During Test	Oil - Bbl	Oil - Bbls.				Water - Bbls.				Gas- MCr			
										!			
GAS WELL		इ.स. च				Bbls. Cond	ensale/M	MCF-		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length o	Length of Test									71 1- 8-		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size				
						-							
VI. OPERATOR CERTIFIC	CATE C	F COM	IPLL	ANC	CE		OIL	CO	USER	10ITA	DIVISI	ON	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above											a 3 1991		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Date Approved							
11/1/	///	1				1							
Chall Munito						Ву	By ORIGINAL SAGNED BY JERRY SEXTON						
Signature Prod. Asst. Rhonda Hunter Prod. Title						DISTANCY I SUPER					OR		
Printed Name	015	-684-	Tit 663			Titl	е			<u> </u>	.,		
915-684-6631 Date	713	- <u>004-</u> T	elepho	ne No									
						Pula 110	4						

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.

