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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICI II P.O. Drawer DD, Antesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department 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

DISTRICT III

1000 Kio Brazos Ka., Aziec, Nm. 8/4	" REQ!					<b>AUTHORI</b>					
I.		TOTO	NICE			TURAL GA	<b>AS</b>	TEI 11			
JOHN H. HENDRIX CORF.  223 W. WALL, SUITE 525						Well API No.					
_ ser W/	יטכ וואי	, x 🕶 -		· · · · · · · · · · · · · · · · · · ·							
Address MIDLA	ND, TX	79701									
					Oil Oil	ner (Please expla	zin)				
Reason(s) for Filing (Check proper bo.  New Well	t)	Change in	Trans	porter of:	L) 0"	ioi (i icane aspir	,				
Recompletion	Oil	·	Dry (	- 1777							
Change in Operator		ad Gas		lensate		Effecti	ve 9/4	1/91			
change of operator give name							<del></del>				
nd address of previous operator											
I. DESCRIPTION OF WEL	L AND LE	ASE									
ease Name Well No. Pool Name, Includ								of Lease Federal Lease No. Federal or Fee			
exico 3 Eumont					Yates Seven Rivers Queen Gas			T COCIAI OF T CC			
Location											
Unit Letter H	. 198	30	Feet	From The _	Northu	ne and <u>660</u>	F	eet From The	East	Lin	
10		_	D		- N	NATIONAL .			T.e	ea County	
Section 18 Town	nship 20-	:S	Kang	E 3/-1	<u>. , 1                                  </u>	MPM,	7			ou county	
II. DESIGNATION OF TRA	ANSPORTE	ER OF O	IL A	ND NATU	IRAL GAS						
Name of Authorized Transporter of Oi	I [	or Conder			Address (Gi	ve address to wh	hich approved	l copy of this f	orm is to be s	ent)	
•	لنسا										
Name of Authorized Transporter of Ca	singlead Gas		or Di	y Gas XX	Address (Gi	ve address to wh	hich approved	copy of this	orm is to be s	ent)	
El Paso Natural Gas Co.					Box 1492, El Paso, TX 79978						
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge	Is gas actual	ly connected?	Wher	1 7			
ive location of tanks.		<u> </u>	ــــــ	<del></del>	<u> </u>						
this production is commingled with the	at from any oli	her lease or	pool, g	zive comming	ling order num	iber:	<del> </del>				
V. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completic	on - (X)	1	i	Oas Well	1	Workerer	1	1		ļ	
Date Spudded		Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
•											
levations (DF, RKB, RT, GR, etc.)	Name of F	Producing Fo	ormatic	מכ	Top Oil/Gas	Pay		Tubing Dep	th	·	
					<u> </u>			D. at Carl	- Cl	<del>-</del>	
erforations								Depth Casir	ig Since		
		HIBBIG	C . C	TAIC AND	CEMENT	NG PECOP	n .	1			
	TUBING, CASING AND				CEMENTI	DEPTH SET			SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			ONORS VENICIVI				
					-						
					<del> </del>						
								-			
. TEST DATA AND REQU	EST FOR	ALLOW	ABLI	E							
IL WELL (Test must be after	er recovery of to	otal volume	of load	d oil and mus	t be equal to or	exceed top allo	wable for the	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te				Producing M	ethod (Flow, pu	ump, gas lift,	elc.)			
					<u> </u>			[Ch-1 P!-			
ength of Test	Tubing Pro	Tubing Pressure				Casing Pressure			Choke Size		
									Gas- MCF		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			- 177Ct			
GAS WELL				<u></u>				<del></del>	<u> </u>		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
	ethod (pitot, back pr.)  Tubing Pressure (Shut-in)								Choka Cira		
esting Method (pitot, back pr.)					Casing Pressure (Shut-in)			Choke Size			
					1,						
I. OPERATOR CERTIF	ICATE OF	COMF	LIA	NCE		OIL CON	ICEDIA	ATION	חואופור	M	
I hereby certify that the rules and re	gulations of the	: Oil Conser	vation		'		ISEN V	AHON	DIVIOIC	אוע	
Division have been complied with a	nd that the info	ermation give	en abo	ve				Cubalic :	i, N		
is true and complete to the best of n	7 /	//			Date	Approve	d	DE L	<u>ي يو يو يو</u>	<u>:</u>	
fly 1, 0	Kul	7				•					
	run			<del></del>	Bv	URIONAL.	Want.	NY JEERY	MOTABLE		
Signalure Rhonda Hunter	Pro	duction	on	Acc+	-,-	(1810) (144) Le	etmolil	UPERVISO	??		
Printed Name	ELU	المامالية	Title	uaat.	Titlo	-					
	915	-684-	663	1							
9/5/91 Date		-684-	phone	No.	11						

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.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

  Separate Form C-104 must be filed for each pool in multiply completed wells.

SEP 06 199