DISTRICT J. P.O. Box 1980, Hobbs, MM 88240

DISTRICT!

## JIL CONSERVATION DIVIS

P.O. Drawer DD, Artesla, NM 88210			. DOX ZUOO .	•		•	
DISTRICEIN		Santa Fe, New	Mexico 87504-2088				
1000 file firance fed., Artec, NM 874	neouest	FOR ALLOW	ABLE AND AUTHOR	NOITATION			
1.			OIL AND NATURAL (				
Operator	10 11	71101 0111 1	OIL/WID WIT OF THE C		λ11 No.	<del></del>	
John H. Hendrix C	orporation		44 m 4"				
Addice 3 W. Wall, Sult				'		·····	
Midland, TX 7970			•				
Reason(s) for Filing (Check proper bo	(x)		Other (l'lease exp	olain)			
New Well		In Transporter of:		11/1/	91		
Recompletion		Dry Gan	~~~~	, ~~, ~,	<i>-</i>		
Change in Operator	Caringhead Uar [	Condensale	<u> </u>	·			
If change of operator give name and address of previous operator							
·							
II. DESCRIPTION OF WEL					-:Fee b		
Leaze Maine Well No. Post Name, Incl.							
Eva Owens "A"		Tubb O	il and GAs		1000141 04 1 06		
1	220		South 330	}	W	est	
Unit LetterM	:330	_ Feet From The .	South Une and 330	r	el front the	Une	
m at . 25	ship 21-S	Manne 37-	-E				
Section 25 Towns	ship ZI 5	Range 37-	-E NMI'M,		Lea	t County	
III. DESIGNATION OF TRA	a sta distribution	H AND NAT	IIDAL CAT				
11			Address (Give address to H	hich omn oved	conv of this form is	to he tenti	
Texas-New Mexico	Pipeline Co	mpan <del>XX</del> I	Box 2528, Ho	obbs, N	M 88240		
Name of Authorized Transporter of Car	Inglicad Clas	or Dry Cas F	Addies Give address to m	hich arm oved	cont of this form is	to be sent)	
Sid Richardson Ca		line Co	201 Main Stre	of Et	2341		
a act promoces on the infinor,	Unit So25	121 377	t. In gas actually connected?	1 17 1100	1	r <del>x 76102</del> -	
rive location of tanks.			yes		0-21-79		
f this production is commingled with the	A from any other lease or	pool, give commin	gling order number:	R-	6156		
V. COMPLETION DATA		·····		· •			
Designate Type of Completion	1 - (X)   Off Well	Gas Well	New Well Workover	Decheu	Flug Back Same I	ites'v Diff Res'v	
Date Sysidded	Date Compl. Ready to	l l	Total Depth	!! <sub>.</sub>		<u>.</u>	
	i one Compi. Keany to	ri roo.	Tona Depair		P.O.T.D.		
levations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	unation.	Top VIVGII FIY				
traine of Franciscon		111111111111	1, 6 6 7.2)		Tubing Depth		
CITOTATIONA			<u> </u>		Depth Casing Shoe		
				İ	orphic casing since		
	TURING	CASING AND	CEMENTING RECORD	<del>,</del>		<del></del>	
HOLE SIZE	CASING & 1U		DEPTH SET		BACKS SHIPLIT		
	OFFICIAL OFFICE OFFICE		- OCI III SEI		SACKS CEMENT		
,	-			I			
• • •		<del></del>					
TEST DATA AND REQUE							
IL WELL Commut be after r	ecovery of total volume of	flood oil and must	be equal to ar exceed top allow	able for this d	epith or be for full 24	hows.	
ite First Hew Oll Run To Tank	Date of Test		Producing Method (Flow, pum	p. gas lift, etc.	;		
	Tubing Pressure						
ngth of Test			Casing Picamire		Clioke Size		
	Oil - Bbls.		Water - Bblk		UM: MEP		
tual Prod. During Test							
				<u> </u>			
AS WELL							
व्या १ करे. १ स्त - घटागर	Length of Test		lible. Condensate/MAICI	181	Uravliy of Condensate		

VI. OPERATOR CERTIFICATE OF COMPLIANCE

Thereby certify that the rules and regulations of the Oll Conservation Division have been compiled with and that the information given above

Is true and complete to the best of my knowledge

Signature

.Mbouda\_Hunter

915-684-6631

Tübing Freezure (Shuttin)

OIL CONSERVATION DIVISION

Date Approved

Orig. Signed by Paul Kautz

By\_ Geologish

Title.

Caking Pressure (Shut In)

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.

gas pro

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lexting Method (pitot, back pr.)

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RECEIVED

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OGE HOBBS GRACE