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Appropriate District Office
DISTRICT!
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 Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICTIN				
1000 Rio Brazos	Rd.	Aztec.	NM.	87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I. ,	ŀ	IO IHAN	SPURIO	L AND NA	HUHALG					
Operator						Well	API No.			
John H. Hendrix	Corpor	ation						·····		
Address 223 W. Wall, Sui	to 525	:	Midland	mx '	79701					
Reason(s) for Filing (Check proper box)	CE 323	<u>'</u>	mutana		her (Please exp	lain)	· · · · · · · · · · · · · · · · · · ·			
New Well		Change in Tr	ansporter of:					. =		
Recompletion	Oil	XX D	. —		Ef	fectiv	e 9/1/9	1		
Change in Operator	Casinghead	Gas . Co	ondensate							
If change of operator give name										
and address of previous operator										
II. DESCRIPTION OF WELL			131 . 1			V:	of Lease Fe	el i	ease No.	
Lease Name		I .	ooi Name, Includ	-			, Federal or Fe		C48C 110.	
J.R. Cone A		2	<u>Drinkar</u>	α		t				
Unit LetterL	10	180 E		outh a	660		Test Engar The	We	st Line	
	_ :	700 Fe	et from the D	Outn in	ne ano <u>uuu</u>	I	ee rom the		<u>DC</u> Lille	
Section 26 Township	, 21S	Ra	inge 37E	۸,	імрм,			Lea	County	
	•	,								
III. DESIGNATION OF TRAN				RAL GAS	ve address to w	bick anneaus	d convert this f	arm is to be s		
Name of Authorized Transporter of Oil	AA	or Condensate		1						
Scurlock Permian Name of Authorized Transporter of Casing		ration or	Dry Gas		1183, Ho					
Warren Pet	ricau Cias	<u></u>	Diy 046	/ Notices (Or	re data dio 10 "	nach approve	<u></u>		···· ,	
If well produces oil or liquids,	Unit	Sec. Tv	vp. Rge.	ls gas actual	lly connected?	Whe	n 7			
give location of tanks.	<u>i 1</u>				····					
f this production is commingled with that I	from any other	r lease or poo	l, give comming	ling order nun	nber:	·				
V. COMPLETION DATA		1 = =	1	7		γ 5	1 54 5 1	la -	him h. di	
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	l Plug Back	Same Res'v	Diff Res'v	
Date Spudded		. Ready to Pro	.l xd.	Total Depth	J	1	P.B.T.D.	L		
Date Spaces							1.5.1.5.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Form	ation	Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations					•		Depth Casin	g Shoe		
				CTT (TT) (TT)	NO DECOR					
	TUBING, CASING AND CASING & TUBING SIZE						Т	SACKS CEMENT		
HOLE SIZE	CASI	ING & TUBII	NG SIZE	DEPTH SET			SACKS CEMENT			
. TEST DATA AND REQUES										
IL WELL (Test must be after re	T	il volume of lo	oad oil and must					or full 24 hou	rs.j	
Date First New Oil Run To Tank	Date of Test			Producing Method (Flow, pump, gas lift, etc.)						
ength of Test Tubing Pressure				Casing Pressure Choke Size						
ength of Test	Tuoing Fless	suit.		Casing 1 ressure						
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF	Gas- MCF		
-										
GAS WELL										
Actual Prod. Test - MCF/D	Length of Te	est	····	Bbls. Conder	nsate/MMCF		Gravity of C	ondensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Press	Casing Pressure (Shut-in)		Choke Size				
I. OPERATOR CERTIFICA						ISERV	ΔΤΙΩΝΙ Ι	אוצור	M	
I hereby certify that the rules and regulations of the Oil Conservation			OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Date ApprovedSEP 0 4 1991						
	/	/		Date	e Approve	a	<u> </u>			
Thomas Ou	wita	7		_	3					
Signature			By_	By ORIGINAL SIGNED BY JERRY SEXTON						
Rhonda Hunter	Pr	od. As:			174	STRICTIS	UPERVISOR	!		
Printed Name 915-684-6631	915-6	Tid 84-663		Title						
Date 213-004-0031	<u></u>	Telephor		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.
- 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.

