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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 Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II 1'.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	OTRA	<u> ANSPORT O</u>	<u>IL AND N</u>	ATURAL G	AS TWI	A DE M	<del></del>		
Operator							Well API No. 3002523041			
JOHN H. HENDRIX CORP.						3002323041				
Address 223 W. WALL, SUITE 52	5 MIDI	AND.	TEXAS 797	01						
Reason(s) for Filing (Check proper box)	J , 111DI	21110	121110		Mher (Please exp	lain)				
New Well	Change in Transporter of: Change in Operator									
Recompletion 📙	Oil Dry Gas effective:									
Change in Operator	Casinghead					NN 00'	2/0			
If change of operator give name and address of previous operator	OIL AN	ID GAS	COMPANY,	BOX 1/10	, HOBBS,	NM 88.	240			
U. DESCRIPTION OF WELL	AND LEA	SE								
Lease Name Well No. Pool Name, Includi					n.		of Lease		Lease No.	
J. R. CONE B		4	WANTZ AB	0	······································	State	State, Federal or Fee		<u> </u>	
Location				MODELL	າາ	10		WEST		
Unit Letter N	:66	<del></del>	Feet From The	NORTH I	ine and23	10 F	eet From The	MEDI	Line	
Section 26 Township	218	5	Range 3	7E .	NMPM,	LEA			County	
Section 20 Township	,	<u> </u>	Rango							
III. DESIGNATION OF TRAN				URAL GA	<u>S</u>					
Hame of Authorized Transporter of Oil	Λ	or Conder	neate	ŀ			d copy of this for	m is to be se	int)	
TEXAS NEW MEXICO PIPELINE CO.					BOX 1510, MIDLAND, TX 79701  Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas T					589, TULS			n w w ve se	,	
WARREN PETROLEUM CORPO		Sec.	Twp. Rg		ally connected?		When ?			
give kication of tanks.	0	26	21S   37E	1	YES		6/14/69			
If this production is commingled with that i	rom any othe			gling order nu	mber:		····			
IV. COMPLETION DATA							1 1		him n	
Designate Type of Completion	- (X)	Oil Well	Gas Well	New We	II   Workover	Deepen	Plug Back   S	ame Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Dept	h		P.B.T.D.			
Date Sprodes	2.00 00,			•						
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Fo	ormatio <b>n</b>	Top Oil/Ga	s Fay		Tubing Depth			
					L			Depth Casing Shoe		
Perforations							Depth Casing	Snoe		
		IDING	CASING AND	CEMEN	TING RECOR	3D				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET		SACKS CEMENT			
NOLE SIZE	UNO	1100	JOHN OILL							
	 	T ON	4 D 4 D					· · · · · · · · · · · · · · · · · · ·		
V. TEST DATA AND REQUES OIL WELL (Fest must be after re				et he equal to	or exceed ton all	louable for th	is depth or he for	full 24 hou	ore )	
OIL WELL (Fest must be after re Date First New Oil Run To Tank	Date of Test		oj tosta ou ana mu		Method (Flow, p			<u> </u>		
Date 11st 14ch Oil Run 10 1am										
Length of Test	Tubing Press	sure		Casing Pre	Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bb	Water - Bbis.			Gas- MCF		
	<u></u>									
GAS WELL	· · · · · · · · · · · · · · · · · · ·						Tomas ico	ndancelo		
Actual Prod. Test - MCF/D	Length of To	est		Bois. Cond	ensate/MMCF		Gravity of Co	iocusale		
Tubing Pressure (Shut-in)				Casing Pre	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFICA	ATE OF	COMF	PLIANCE							
I hereby certify that the rules and regula					OIL CO	VSERV	ATION D MAR	IVISIC	N	
Division have been complied with and t	hat the inforn	nation giv					MAR 2	s v 199	JU	
is true and complete to the best of my k	nowiedge and	o Delici.	1	Da	te Approve					
Thorna Win	1700	3/1/	190)							
Signature	vv I	1101	, , , ,	Ву	01		GNED BY JE		TON	
Signature Rhonda Hunter	P	rod.	Asst.			DISTR	HCT I SUPER	VISOR		
Printed Name	_COA_C	<b>6</b>	Title	Titl	e					
3/16/90 915- Date	-684-60	Tele	phone No.							

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.