

P.O. Box 2088

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

1. TO TRANSPORT OIL AND NATURAL GAS	
Operator John H. Hendrix Corporation	Well API No.
Address 203 W. Wall, Suite 525 Midland, TX 79701	
Reason(s) for Filing (Check proper box)	<input type="checkbox"/> Other (Please explain)
New Well <input type="checkbox"/>	Effective 11/1/91
Recompletion <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input checked="" type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator

Lease Name <b>Wood State "A"</b>	Well No. <b>3</b>	Pool Name, Including Formation <b>Eumont Yates Seven Rivers,</b>	Kind of Lease State, Federal or Fee	State <b>Que</b>	Lease No.
Location <b>Unit Letter <u>F</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u> Line</b>					
<b>Section <u>16</u> Township <u>20-S</u> Range <u>37-E</u> , NMPM, Lea County</b>					

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Sid Richardson Carbon & Gasoline Co.					201 Main Street, Ft. Worth, TX 76102	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					Yes	11-9-89

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			F.B.T.D.			
Elevations (DF, RKB, RI, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			
<b>TUBING, CASING AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

**OIL WELL** (Test must be after recovery of total volume of lost oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method ( <i>Flow, pump, gas lift, etc.</i> )	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

Actual Prod. Test - MCF/D	Length of Test	libl. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Date \_\_\_\_\_ Telephone No. \_\_\_\_\_

Title

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule III.
- 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.

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