Submit 5 Copies
Appropriate District Office
DISTRICT 1
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, Artesia, NM 88210

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, New Mexico 8/504-2088

| 1000 Rio Brazos Rd., Aztec, NM 87410 | HEQU | | | | | AUTHOR | | | | | |
|---|-------------------------------------|---------------------------|------------|---------------------|---|---------------------------|------------------|----------------------------|--|---------------------------------------|--|
| TO TRANSPORT OIL | | | | | Well API No. | | | | | | |
| John H. Hendrix Corporation | | | | | | | | <u>ン・かえら・</u> | スピシ | 43 | |
| Address | | | 1 3 | msz | 79701 | | | | | | |
| 223 W. Wall, Sur Reason(s) for Filing (Check proper box) | ite 525 | , MIG | Land | L _{F.} TX. | | her (Please exp | lain) | | ······································ | | |
| New Well | | Change in | - | | | | | | | | |
| Recompletion X | Oil | | | | | | | | | | |
| Change in Operator | Casinghea | ad Gas | Conden | sale | | | <u> </u> | | <u> </u> | | |
| If change of operator give name and address of previous operator | | | | | | | (in-ruit | il Equ | L LUTUR | re Tubl | |
| II. DESCRIPTION OF WELL | L AND LE | ASE | | | | | | | | | |
| Lease Name | ral Well No. Pool Name, Include | | | | l Centa | | | of Lease Federal or Fee | 1 | ease No. NM-2377 | |
| Linda Federal Location | | <u> </u> | | TTHEL | <u>,, y</u> | | | <u> </u> | reu. | Her ZJII | |
| Unit Letter N | :6 | 60 | Feel Fro | om The | outh Lin | ne and2 | 2030 Fe | et From The | West | Line | |
| 2.2 | hip 20S | | | | | ІМРМ, | Lea | | | County | |
| Section 23 Towns | hip ZUE | <u> </u> | Range | 2011 | , 19 | IVIFIVI, | пси | | | county | |
| III. DESIGNATION OF TRA | NSPORTE | R OF O | IL ANI | D NATU | RAL GAS | | | 6.61.6 | | | |
| Name of Authorized Transporter of Oil or Condensate | | | | | Address (Give address to which approved copy of this form is to be sent) | | | | | | |
| Lantern Petroleum | | | | | Box 2281, Midland, TX 79702 Address (Give address to which approved copy of this form is to be sent) | | | | | | |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas | | | | | i i | | | | | | |
| S1d R1Chardson (If well produces oil or liquids, | Sid Richardson Carbon & Gasoline Co | | | | Is eas actual | ly connected? | When | | | 10102 | |
| give location of tanks. | I N | 23 | | 38E | Yes | | 1 | 5/21/9 | 2 | | |
| If this production is commingled with the IV. COMPLETION DATA | | ner lease or | | | ling order num | iber: | | | | | |
| Designate Type of Completion | n - (X) | Oil Well | l c | ias Well | New Well | Workover | Deepen | Plug Back S | Same Res'v | Diff Res'v | |
| Date Spudded | | pl. Ready to | Prod. | | Total Depth | <u> </u> | J | P.B.T.D. | | _l_X | |
| Date Springer | | 14/92 | | | 68 | 551 | | ł | 33' RI | 3P | |
| evations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | | 6855 Top Oil/Gas Pay | | | Tubing Depth | | | |
| 3566' Gr. Blinebry | | | | | 5889' | | | 6 1 90 Depth Casing Shoe | | | |
| (5889 - 6184°) | 1/2" _ | - 22 h | വിരം | 90 | o C-10 | 3 | | | | | |
| (5889 - 6184) | | UBING, | CASIN | NG AND | CEMENTI | NG RECOR | ND CIS | | | | |
| HOLE SIZE | | CASING & TUBING SIZE | | | | DEPTH SET | | | SACKS CEMENT | | |
| | | | | | | | | | | | |
| | NA NA | | | | | | | | | | |
| | | | | | | | | | | | |
| V. TEST DATA AND REQUE | EST FOR A | ALLOWA | BLE | | | | | 1 1 1 1 1 | . e.u.a. t | | |
| | | | | | t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.) | | | | | | |
| Date First New Oil Run To Tank | Date of Test | | | | | | unip, gas iyi, e | | | ļ | |
| 5/21/92 Length of Test | Tubing Pressure | | | | Pump Casing Pressure | | | Choke Size | | | |
| 24 | | | | 35# | | | Gas- MCF | | | | |
| Actual Prod. During Test | Oil - Bbls. | Dil - Bbls. | | | | Water - Bbls. | | | | | |
| | 2 | 22 | | | | 30 | | 34 | | | |
| GAS WELL | | | | | | | | 10 | | | |
| Actual Prod. Test - MCF/D | Length of | Test | | | Bbls. Conder | nsate/MMCF | | Gravity of Co | noensate | | |
| Testing Method (pitot, back pr.) | Tubing Pre | Tubing Pressure (Shut-in) | | | | Casing Pressure (Shut-in) | | | Choke Size | | |
| VI. OPERATOR CERTIFIC | CATE OF | COMP | LIAN | CF | | | | | | | |
| I hereby certify that the rules and reg | | | | | | | USERV | ATION D | IVISIC | N | |
| Division have been complied with and that the information given above | | | | | | | | | | | |
| is true and complete to the best of my | | 1 | | | Date | Approve | ed | | | | |
| Komie H Werthook | | | | | | 27. | | | | | |
| Signature | | | | | By_ | | | | | | |
| Ronnie H. Westbrook Vice-President | | | | | | | \$ | | | | |
| Printed Name June 17, 1992 | (915) | 684- | Title 6631 | _ | Title | | | | | · · · · · · · · · · · · · · · · · · · | |
| Date | | | 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.