	STATE OF NEW MEXICO			Form C-104				
EN	ERGY AND MINERALS DEPARTMENT	OIL CONSERV	ATION DIV. ON	Revised 10-1-78				
	DISTRIBUTION		OX 2088					
	SANTA FE							
	FILE	SANTA FE, NE	W MEXICO 87501					
	U.B.(J.),							
	LAND OFFICE	REQUEST FOR ALLOWABLE						
	TRANSPORTER OIL		AND					
	AND OPERATOR AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
1.	PROBATION OFFICE							
	Operator							
	William E. Hend	lon, Jr.		٠,				
	Address							
	601 N. Loraine, Suite 111, Midland, Texas 79701							
	Reason(s) for filing (Check proper box) Other (Please explain)							
	New Well	Change in Transporter of:						
	Recompletion OII IX Dry Gas Change of ownership effective							
	\square							
	Change in Ownership X Casinghead Gas Condensate April 20, 1902							
	If change of ownership give name	LaJet, Inc. and Mira	anda Energy, P. O. Bo	ox 4198. Abilene.TX.				
	and address of previous owner							
n.	DESCRIPTION OF WELL AND	Vell No. Pool Name, Including F						
	Lease Name							
	State "A"		n,Seven Rivers _{State} , Foder	al or Fee Dealer WHI 387				
	Location		_					
	Unit Letter 0 : 660 Feet From The SOUTH Line and 1980 Feet From The east							
	ret from the							
	Line of Section 16 To	wnship 215 Range 3	34E , NMPM, Lea	Count				
III.		TER OF OIL AND NATURAL GA	AS					
	Name of Authorized Transporter of OL	KX or Condensate	Address (Give address to which appro	wed copy of this form is to be sent)				
	Texas New Mexico P.	ipeline Co.	P. O. Box 2528, Hol	obs, New Mex. 88240				
	Name of Authorized Transporter of Ca		Address (Give address to which appro	ved copy of this form is to be send				
	None N/A							
	Unit Sec. Twp. Rge. Is gas actually connected? When							
	If well produces oil or liquids, give location of tanks.	0 16 21S 34E	No.					
		<u> </u>						
	if this production is commingled with that from any other lease or pool, give commingling order number: N/A							
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Rea				
	Designate Type of Completion		l depen	Plug Back Same Res'v. Diff. Res XX				
	Date Spudded 3-3-49	Date Compl. Ready to Prod. 5-13-49	Total Depth	P.B.T.D. N/A				
		· · · · · ·	3926	IN/A				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth				
	3740 DF	Seven Rivers	3916	3780				
	Perforations	_	· · · · · · · · · · · · · · · · · · ·	Depth Casing Shoe				
	Open hole 3889-392	6		3889				
ĺ	TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	15"	13 3/8"	210'	245 sx. circ.				
	6 ¹ / ₄ "	5 1/2"	3889'	150 sx.				
		2 1/2"	3780'	none				
	5½"		3,00					
{	······································	1	l	i				
	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil . pth or be for full 24 hours;	and must be equal to or exceed top allc				
7	OIL WELL	•						
	Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas lift, etc.)					
[
[Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
ļ	Actual Prod. During Test	Oil-Bhla.	Water-Bbls.	Gas-MCF				
4		· _ ··································	••••••••••••••••••••••••••••••••••••••	*				
	GAS WELL							
٢	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
<u>۲</u>	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				

VI	CERTIF	CATE	OF	COMPL	JANCE
VI .	ULNIIF.	ILAIL.	Ur	UU.III L	

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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.

(Dole)

De Eng 20 Mar P (Title)

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is to be filed in compliance wit	h RULE \$104.
	SERVICE SERVICE SUPE

OIL CONSERVATION DIVISION

If this is a request for allowable for a newly drilled or deepenewell, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 115.

All sections of this form must be filled out completely for allow-able on new and recompleted wells.

Fill out only Sections 1. II. III. and VI for changes of owner. well name or number, or transporter, or other such change of condition Second Forme C-104 must be filed for each next in multiply

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