District I PO Box 1980, I District II 811 South First District III 1000 Rio Brazc District IV 2040 South Pa I.	NM 88210 ec, NM 87410 nta Fe, NM 87	State of New Mexico Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505 F FOR ALLOWABLE AND AUTHORIZATIO						N Submit to Appropriate District Office 5 Copies								
JOHN H. HE			<sup>1</sup> Operator na			<u> </u>						<sup>2</sup> OGRI	) Numbe	э <b>г</b>		
P.O. BOX 3	8040											012024				
MIDLAND, TEXAS 79702											<sup>3</sup> Reason for Filing Code CG-EFFECTIVE 7/1/98					
4 AI	PI Number		ſ			5	<sup>5</sup> Pool Nam							/98 		
<b>30 - 0</b> 25-0			EUMONT Y	<sup>5</sup> Pool Name EUMONT YATES SEVEN RIVERS QUEEN							76480					
	operty Code	3		<sup>8</sup> Property Name							<sup>9</sup> Well Number					
	005132	Lacotion		BERRYMAN							1					
UI or lot no.	Section	Location Township				Feet from	n the	North/So	uth Lir	Line Feet from the		East/W	est line	County		
0	11	21S	36E			3	330		SOUTH		1650	EAST		LEA		
		Hole Loo	······									L				
UI or lot no.	Section	Township	Range	Lot	₋ot Idn Fee		n the	North/South Line		ne F	eet from the	East/West line		County		
<sup>12</sup> Lse Code	<sup>13</sup> Produci	ing Method C	ode 14 Gas	de 14 Gas Connection Date				<sup>5</sup> C-129 Permit Number			-129 Effective D	Date	17 C-	129 Expiration Date		
		Transpo											_			
<sup>18</sup> Transport OGRID	er		<sup>19</sup> Transporter N and Address				<sup>20</sup> POD <sup>21</sup> O/G			G	Z	POD UL: and De	STR Loc escription			
024650			AS PROCES			1091030 G										
	100	00 LOUISIA	ANA, SUITE 5 X 77002-505	5800												
			A 11002 22.													
									A							
And Start																
IV. Produ	iced Wa	ater												J		
<sup>23</sup> P(	D						<sup>24</sup> POD ULS	STR Locati	on and	d Desc	cription					
											<u></u>					
V. Well C <sup>25</sup> Spud		tion Data	a <sup>5</sup> Ready Date	27	TD	28 PBTD			—	<sup>29</sup> Perfora	tions	30	DHC, DC, MC			
3	<sup>31</sup> Hole Size		<sup>32</sup> Ca	asing	& Tubing Size	8	<sup>33</sup> Depth Set						<sup>34</sup> Sack	s Cement		
	<u></u>		_													
	Test D	-4-														
VI. Well <sup>35</sup> Date Ne			Delivery Date	livery Date <sup>37</sup> Test Date				<sup>38</sup> Test Length			<sup>39</sup> Tbg. Pres		re <sup>40</sup> Csg. Pressu			
<b>Duu</b>						.6		1001 20.00		rog. Pressu		Sure	- Usg. Pres			
<sup>41</sup> Choke Size			<sup>42</sup> Oil <sup>43</sup> Water				<sup>44</sup> Gas			<sup>45</sup> AOF			46 Test Metho			
complied wit	ith and that i	theinformatic	Dil Conservation on given above i					С	IL C		SERVATI		visic	N		
to the best o	Y my know	edge and bel	$\Delta / \langle \rangle$	1	1		Approved	bur.			OR			ED BY		
Know Minus							Approved by:				CARY WINK 					
Printed name: RHONDA HUNTER Title: PRODUCTION ASST							Title:									
	Phone:	Phone				Approval Date:										
09/0	08/98 ange of ope	rator fill in the	e OGRID numbe	_	5-684-663		operator	_								
11 10 10 10 10 1	11.90 C			· · · · · · ·	nume et	p.c	oporese.									
	Previous	Operator Sigi	nature				Printed	Name					itle	Date		

Appopriate District Office Appopriate District Office DISTRICTJ P.O. Dox 1980, Hobbs, NM 88240 DISTRICTJI	Unergy, Minerals and JIL CONSEI	OF THESE MEANED I Hatural Resources Department WATION DIVISION	torn C-101 Rested 1-1-89 Sre Instructions at Bottoin of Páge
P.O. Drawer DD, Anesia, NM 882 DISTRICTIN		0. Box 2088 w Mexico 87504-2088	
1003 Rio Brazos Rd., Aztee, NM-8	REQUESTFOR ALLO	WABLE AND AUTHOHIZA OIL AND NATURAL GAS	TION ·
John II. Hendrix	Corporation		Well Alt Ho.
Addragg W. Wall, Sul Nidland, TX 797	te 525 01		_I
Reason(a) for Filling (Check property Heiw Well	Change In Transporter of Oil Dry Gas Casinglicad Gas Condensate		,
and address of previous operator			· · · · · · · · · · · · · · · · · · ·
II. DESCRIPTION OF WE Lease Name M.S. Berryman	Well No. Port Mann. In	Yates Seven River	Kind of Lease Fee Lease No. State, Tederal or Fee
Location		South	
		-Е <u>, ММГМ,</u>	Lea County
Hank of Authorized Transporter of O		Address (Give address to which as	nn aved copy of this form is to be sent)
Name of Authorized Jransporter of C Sid Richardson Ca	aringhead Clas   or Dry Cas arbon & Gasoline Co.	Aukliers (Give address to which ap 201 Main Stree	moved copy of this form is to be sent) t, Ft. Worth, TX 7610
If well produces off or liquids, give kwatton of tanks.	Unit Sec. Twp. R	ge. Is gat actually connected? Yes	When 7 9-23-36
I this production is commingled with t	hat from any other lease or pool, give comm		
Designate Type of Completie	Oll Well Gas Well	New Well Worknyer De	epen   Plug Back  Same Res'y Diff Res'y
Date Spudded	Date Compt. Ready to Prod.		[]
Elevations (DF, RKB, RT, GR, etc.)	Name of Preducing Formation	Top OlVUar Pay	Tubing Depth
criorationa			ixph Casing Shoe
			Term Casing Shoe
HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT
• •			
. TEST DATA AND REQU			
	recovery of total volume of load oil and mix Date of Test	st be equal to ar exceed top allowable fo Producing Method (Flow, pump, gas	or this depth or be for full 24 hours.) Tip, etc.)
engili of Test	Tubing Pressure	Casing Pressure	Clicke Size
tual Prod. During Test	Oil - Ibls.	Water - Blik.	Uar. KICP
AS WELL, mail Fred Text - MCD/D	Languli of Texi	1 IIIIA: Condentate/MMCP	Uravily of Condensate
ting Method (pitot, back pr.)	Tubling Freemire (Shuttin)		
		Cosing Pressure (Shut In)	Clicke Size
L OPERATOR CERTIFIC thereby certify that the rules and regul Division have been complied with and is true and complete to the best of my i	that the Information given above	OIL CONSER	VATION DIVISION JAN 06 '92
Signalure		By	1 51 0 <b>%</b> Raut <b>z</b>
3 - 92 s	Prod_Asst Tille 115-684-6631	Title	1992 
	Telephone No.		the second se

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.

Fill out only Sections J, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 3 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM \$8240		Thergy, )	Minera		i new mexic Natural Resou		Form C-104 Revised I-1-89 See Instructions at Bottom of Page				
DISTRICT II		OIL CONSERVATION DIVISION P.O. Box 2088							54 DUL	' Mill of Luffe	
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III		Sa	Santa Fe, New Mexico 87504-2088								
1000 Rio Brazos Rd., Aziec, NM 87410 I.	REQ					AUTHOR					
Operator / / /	endr		1		tion		Well	APINA BOO250	4613		
					milkin	1.10 7	9701	00230	1015		
Reason(s) for Filing (Check proper box)						ther (Please asp	viain)				
New Well	Oil Curianha	Change in	Dry C Conde	<b>.</b>		Hective	$\frac{1}{\sqrt{2}}$	ender. - Mla	26 ر26 11	7 AM	
Change is Operator X If change of operator give name and address of previous operator ARC	20 0:	I and (	Gas	Con	voni.	P.O. Box-	1610, N	lidland.	Texas	7970z	
IL DESCRIPTION OF WELL	ISION .	FATLAN	me 1	RICHFU	D COMPA	NY		,			
Lesse Name <u>MS Berryman</u>					luding Formation			of Lease , Federal of Fee			
Location J Unit Letter		33D <del>150</del>	. Fea I	From The	<u>s</u> <u>+</u>	ine and	50	eet From The _	E	Line	
Section // Townshi	21	S	Range	. 36	E,	NMPM,		hea		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTI	OF Conden				ive address to w	which approve	d copy of this fo	orm is to be se	uni)	
Name of Authorized Transporter of Casing NOCTHEEN NATURAL		Com		y Gas 🖂 P	Address (G 2223			d cry of this form is to be sent) , Omaka, NE 68102			
If well produces oil or liquida, give location of tanks.	Unit					Ily connected?		When? 09-23-36			
If this production is commingled with that : IV. COMPLETION DATA	from any ot	her lease or	pool, g	ive comm	ingling order nur		1				
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Wel	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready 10	Prod.		Total Depth			P.B.T.D.	L		
Elevations (DF, RKB, RT, GR, etc.)	Name of I	ne of Producing Formation				s Pay		Tubing Dept	Tubing Depth		
Perforations	<u>L</u>	<u> </u>			l			Depth Casing	g Shoe		
					D CEMENT	ING RECO					
HOLE SIZE	CA	SING & TL	JBING	SIZE		DEPTH SET	r 	S	ACKS CEM	ENT	
			DIE								
V. TEST DATA AND REQUES OIL WELL (Test must be after r	L FOR A	olal volume	of load	oil and m					or full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te	: <b>1</b>			Producing N	Aethod (Flow, p	ump, gas lift,				
Length of Test	Tubing Pr	espure			Casing Pres	SUITE		Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls	· · · · · · · · · · · · · · · · · · ·			Water - Bbl	L		Gas- MCF			
GAS WELL	·····							10	on don site		
Actual Prod. Test - MCF/D	Length of					in mic/MMCF	<u> </u>	Gravity of Condensate			
Tosting Method (pilot, back pr.)	Tubing Pr	essure (Shut	-in)		Casing Pres	sure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC. I hereby certify that the rules and regula Division have been complied with and is true and complete to the best of my h	ntions of the inst the info mowledge a	Oil Conservention give mation give nd belief.	vation 15 abov	N	Dat	OIL CON	ed			<b>N</b>	
Simanina 1	VUAR.	non			By	· • • • •	<b>i</b> , , , , , , , , , , , , , , , , , , ,		MOON		
Signature Connie H. Printed Name, 120/191	- 10/2	<u>estoi</u>	Tille	11.7		)					
	9.		P 4 - phone			,		····			
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