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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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	MEGIC	TOTEA	NSP	ORT OIL	AND NA	TURAL G	AS				
Operator						10/1/12 0/	Well 7	PI No.	PI No.		
John H. Hendrix Co				30-025-04821							
Address	orporo						L				
223 W. Wall, Suite	e 525.	Midl	and	. TX	79701						
Reason(s) for Filing (Check proper box)					Oth	er (Please expl	ain)				
New Well		Change in	Transpo	orter of:							
Recompletion	Oil	· —	Dry G			Re-Entr	v				
Change in Operator	Casinghea		Conde	_			1				
If change of operator give name											
and address of previous operator											
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name Well No. Pool Name, Including									of Lease No.		
New Mexico "B" St	1 1				Y-7R-QN			Federal or Fe	Federal or Fee $B-935-1$		
Location	<u> </u>			<u> </u>							
Unit Letter G	19	080	Feet F	rom TheN	lorth Lin	e and19	80 F	et From The	East	Line	
Section 29 Townshi	219	3	Range	36E	, N	мрм,	Lea			County	
	CHAPT	ים אם	T 4 11	יי דיר אוא ווי	DAI CAC						
III. DESIGNATION OF TRAN		K UF UI	LL AN	MAIU	Address (Ci	ve address to w	hich approved	copy of this f	orm is to be s	ent)	
Name of Authorized Transporter of Oil X or Condensate						Address (Give address to which approved copy of this form is to be sent)					
Scurlock Permian Corporation						Box 1183, Houston, TX 77251-1183 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											
	Texaco Exp. & Prod. Inc.					Box 3000, Tulsa, OK 74102 Is gas actually connected? When?					
If well produces oil or liquids, give location of tanks.	Unit		Twp.	:		_	1 11101	9/17	/91		
	B			[36E		es ber	1	7/.11	<i>, ,</i> ,		
If this production is commingled with that	rom any oth	er icase or i	pool, gr	ve commingi	ing order num				· · · · · · · · · · · · · · · · · · ·		
IV. COMPLETION DATA		(a) W (ii	•	C W-11	Nam Wall	1 Worksyst	Deepen	Plun Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	'	Gas Well	I MEM Mell	Workover	Deepen	I link pack	Janie Res V		
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.	P.B.T.D.			
	9/16/91				3847'				3847'		
Elevations (DF, RKB, RT, GR, etc.)					Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
3657' DF)	ont Y-			31	62'			3096'		
Perforations 3162, 73, 91	, 322	1. 37.	, 55	, 91.			3412.	Depth Casin	g Shoe		
28. 70. 89. 3517.	43.	53. 36	501.	22. 4	13, 80.	<u>37</u> 01.	19, 43				
& 3824 – 32'	28, 70, 89, 3517, 43, 63, 3601, 22, 4 3824-32' TUBING, CASING AND					NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
11000											
V. TEST DATA AND REQUES	T FOR	LLOWA	ABLE	-							
OIL WELL (Test must be after r	ecovery of to	otal volume	of load	oil and must	be equal to or	exceed top all	owable for thi	s depth or be	for full 24 hos	ars.)	
Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)					
9/16/91						Flowing					
Length of Test	Tubing Pressure				Casing Press	ure	-	Choke Size			
24	80				Pkr.			18/64" Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
4					11			290			
CAS WELL											
GAS WELL Actual Prod. Test - MCF/D	Length of	Test		· · · · · · · · · · · · · · · · · · ·	Bbls. Conde	nsate/MMCF		Gravity of C	Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
	<u> </u>				ار			J			
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIA	NCE			ICEDV	ATION	חווופות	N	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above					Date Approved SEP 2 0 1991						
is true and complete to the best of my	knowledge a	nd belief.			Date	e Approve	d	OEP	6 U 13		
1/2 . Il Washink										B. C	
Konnie H. Wastrock					Rv	By ORIGINAL SIGNED BY JERRY SEXTON					
Signature	ole 1	Zicc-T	Droc	idon+	-		DISTA	CTISUPE	श्पष्टवर		
Ronnie H. Westbro	UK -	ATCG-F	Title	TUEIIL	Tal-						
9/18/91	(01	5) 69/		31	IIIIe				·		
7/18/91	/JT	۲۰۵۰ بر Tele	ephone l	₩.	11						

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.