Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico ergy, Minerals and Natural Resources Departn

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

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

Santa Fe, New Mexico 87504-2088

| | newo | ESIFU | 'I'I ML | LUVVA | ore wi | ID MOTHORI | | | | |
|---|--------------------------------|------------------------------|-------------------|---------------------------------|-----------------------|---|-------------------------------------|---------------------|----------------|---------------------------------------|
| I. | 7 | TO TRAI | NSP | ORT OIL | AND | NATURAL GA | | | | |
| Operator | | | | | | | Well | API No. | | |
| John H. Hendrix | | | | | | | | | | |
| Address 223 W. Wall, Su | | | | | | | | | | * |
| Midland, TX 79 Reason(s) for Filing (Check proper box) | 701 | | | ···· | | Out (81 1 | | ···· | | |
| New Well | | Change in 7 | r | etae ofi | | Other (Please expli | a in) | | | |
| Recompletion | Oil | Change in 7 | главвро Dry Ga | | | | | | | |
| Change in Operator | Casinghead | _ | Conden | | 17 | EPEOTEUR / | /1 /00 | | | |
| If change of operator give name | | | | | | FFECTIVE 4 | | | | |
| and address of previous operator Casp | en Oil, | Inc. | 300 | Cresce | nt_Cou | rt, Suite | 1100, Da | illas, T | exas 7 | 5201 |
| II. DESCRIPTION OF WELL | AND LEA | SE | | | | | | | | 4 |
| Lease Name | Well No. Pool Name, Includi | | | | | | | | | ease No. |
| Gulf Bunin | | 3 | Bli | nebry (| Oil & | Gas | State, | Federal or Fee | ral or(Fee) | |
| Location | | | | | | | | | | |
| Unit Letter B | :6 | 60 | Feet Fr | om The <u>No</u> | orth | Line and 2310 | Fe | et From The | East | Line |
| | | | | | | | | | | |
| Section 13 Township | P21S | | Range | 3 | 7 E | , NMPM, | l.ea | | | County |
| III DECICNATION OF TO AN | CDODTE | D OF OH | A BII | D NIATTI | DAL C | A C | | | | |
| III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil | | or Condens | | DINATU | | 13 (Give address to wh | ich appraved | copy of this fo | em is to he s | ent) |
| - | [VV] | | | | 1 | | • • | | | / |
| Texas New Mexico Pipeline Name of Authorized Transporter of Casinghead Gas XX or Dry Gas | | | | | | Rox 2528, Hobbs, New Mexico 88240 Address (Give address to which approved copy of this form is to be sent) | | | | |
| Texaco Producing Inc. | | | | | | Box 3000, Tulsa, OK 74102 | | | | |
| If well produces oil or liquids, | | | | Is gas actually connected? When | | | | | | |
| give location of tanks. | В | 13 | 21S | 1 37E | Y | es | Not | Availa | ble | |
| If this production is commingled with that i | rom any othe | r lease or po | ool, giv | e commingl | | | C288 | | | |
| IV. COMPLETION DATA | | ; | | | | | | | | , |
| Designate Type of Completion | - (X) | Oil Well | 0 | Sas Well | New W | ell Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded | | Ready to 1 | Prod | | Total De | nth | | P.B.T.D. | 1 | |
| one openion | Date Compl. Ready to Prod. | | | | | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | | Top Oil/ | Jas Pay | · | Tubing Dept | h | |
| Perforations | | | | | | | | | | |
| | | | | | | | | Depth Casing Shoe | | |
| | | | | _ | | | | | | |
| TUBING, CASING AND | | | | | CEMENTING RECORD | | | | | |
| HOLE SIZE | HOLE SIZE CASING & TUBING SIZE | | | | DEPTH SET | | | SACKS CEMENT | | |
| | | | | | | | | | | |
| | | | | | | - · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | ļ | | · | | | |
| V. TEST DATA AND REQUES | T FOD A | HOWA | RIF | | 1 | | | l | | |
| OIL WELL (Test must be after re | | | | il and must | be equal t | o or exceed top allo | wable for this | depth or be f | or full 24 hou | ers.) |
| Date First New Oil Run To Tank | Date of Test | | | | , | Method (Flow, pu | | · | , | |
| | | | | | | | | | | |
| Length of Test | of Test Tubing Pressure | | | | Casing Pressure | | | Choke Size | | |
| Actual Prod. During Test Oil - Bbls. | | | | Water - Bbis. | | | C. MCE | | | |
| | | | | | | | Gas- MCF | | | |
| | <u> </u> | | | | l | | | <u> </u> | | |
| GAS WELL | | | | | | | | | · . | |
| Actual Prod. Test - MCF/D | Length of To | est | | | Bbls. Cor | idensate/MMCF | | Gravity of C | ondensate | |
| | | | | | Z | Casing Pressure (Shut-in) | | | | |
| Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) | | | | | Casing Pr | essure (Shut-in) | | Choke Size | | . • |
| | <u> </u> | | | | | | · · · · · · · · · · · · · · · · · · | <u> </u> | | · · · · · · · · · · · · · · · · · · · |
| VI. OPERATOR CERTIFICA | | | | CE | | OIL CON | ISERVA | 1 MOLTA | אועופור | ואכ |
| 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 is true and complete to the best of my knowledge, and belief. | | | | | _ | | ā | APR | 5 19 | QQ |
| (1)1 , 21 | / / | | | | Da | ate Approved | g | 111 11 | <i>U</i> 13 | <u> </u> |
| TRANNII VAI | 4.151 | | | | | | | - | | |
| Signature | vuy | | | | B ₎ | ORIGIN | AL SIGNE | D BY JERRY | Y SEXTON | |
| Rhonda Hunter Production Assistant | | | | | DISTRICT I SUPERVISOR | | | | | |
| Printed Name | = . | _ | litle | | Ti | le | | | 5. | · . |
| 4/2/89 Date | 91.5 | 5 <u>- 684 - 6</u> Telept | 631 ione No | <u>, /</u> | | | | | | |
| | | r- | | | | | | | | |

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.