Submit 5 Copies Appropriate District Office DISTRICT 1	State of New Me Inergy, Minerals and Natural Re					ent		Form C-104 Revised 1-1-89 See Instructions at Bottom of Page
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	OIL CONSERVATION DIVISION P.O. Box 2088							
0. Drawer DD, Anasia, NM 88210 Santa Fe, New Mexico 87504-2088								
1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION								
L. Operator	Operator Well /							
JOHN H. HENDRIX CORPOR	~ 1	30-0	25-2 4657	0.655				
Address 223 WEST WALL, SUITE 525, MIDLAND, TEXAS 79701 Reason(s) for Filing (Check proper bax) Other (Please explain)								
New Well Change in Transporter of:								
Change in Operator Casinghead Gas Condensate								
If change of operator give name ORYX ENERGY COMPANY, P. O. BOX 2880, DALLAS, TEXAS 75221-2880								
II. DESCRIPTION OF WELL AND LEASE Used Name Vell No. Pool Name, Including Formation							Lesse	Lease No.
STATE LAND 15							rederal or Fee	
Unit LetterP	. 660		Feet From	m The	EAST_Line and66() · Fee	t From The <u>SC</u>	UTHLine
Section 16 Township	21-S		Range	37-Е	, NMPM,	LEA		County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS								
Name of Authorized Transporter of Oil or Condensate				Address (Give address to which approved copy of this form is to be sent) PO BOX 1510, MIDLAND, TEXAS 79702				
Name of Authorized Transporter of Casing TEXACOAPRODUCTING, INC.	of Authonized Transporter of Casinghead Gas or Dry Gas (ACOAPRODUCTING, INC.				Address (Give address to which approved copy of this form is to be sent) PO BOX 3109, MIDLAND, TEXAS 79702			
If well produces oil or liquids, give location of tanks.	Unait P	Sec. 16	Тмр. 21-S	Rge. 37-E	is gas actually connected? YES	When	7	
If this production is commingled with that from any other lease or pool, give commingling order number: <u>DHC_R-5588</u> IV. COMPLETION DATA								
Designate Type of Completion	· (X)	Oil Well	G	as Well	New Weil Workover	Deepen	Plug Back Sa	me Res'v Diff Res'v
Date Spudded		i. Ready to	Prod.		Total Depth		P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay Tubi		Tubing Depth	
Perforations					Depth Casing			hoe
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET		SACKS CEMENT	
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V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)								
Date First New Oil Run To Tank	Date of Test				Producing Method (Fiow, p	nomp, gas lift, e	IC.)	
Length of Test	Tubing Pressure				Casing Pressure		Choke Size	
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.		Gas- MCF	
GAS WELL	l				I		· · · · · ·	,,,,,,,,,,,_
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF		Gravity of Condensate	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)		Choke Size	
VL OPERATOR CERTIFICATE OF COMPLIANCE								
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.					Date ApprovedAPK 1 4 '92			
Khonda Kunta					By CREATER STATES OF JEARY SEXTON			
Signature Prov da Hunter Prod. Asst. Printed Name					Title			
Printed Name 4 - 10 - 92 Date Title 9 / 5 - 684 - 663 / Telephone No,						<u> </u>		
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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.