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

## State of New Mexico E....gy, 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., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	TO	OTRA	NSPC	ORT OIL	AND NA	TURAL GA		API No.			
Operator  John H. Hendrix (	'orpora	tion					Well	AFI INO.			
Address	JOI POI U										
223 W. Wall, Suit	e 525,	Mid	land	, TX	79701						
Reason(s) for Filing (Check proper box)		<b>.</b>	~~		_	t (Please expla		<b>.</b>		}	
New Well  Change in Transporter of:  Change in Transporter of:  Gas Connection  Oil  Dry Gas											
Change in Operator	Casinghead (		-								
If change of operator give name											
and address of previous operator	4 N.D. V E.A.C		*******							•	
II. DESCRIPTION OF WELL AND LEASE    Lease Name										ease No.	
McQuatters	1 Eumon				it y-5R-QN State, I			Federal or Fed	Federal or Fee Fee		
Location											
Unit Letter B: 860 Feet From The North Line and 2100 Feet From The East Line											
Section 11 Township 21-S Range 36-E , 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)											
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent											
Northern Natural			•	ahan, NB 68102							
f well produces oil or liquids, Unit Sec.			Twp.	Rge.	is gas actually connected? Yes		•	When? Nov. 1, 1989			
If this production is commingled with that f	rom any other	lease or p	oool, give	commingli	ng order numb						
IV. COMPLETION DATA		·						· <del></del>	· · · · · ·		
Designate Type of Completion -		Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded Date Comple. Ready to Prod.				X Total Depth		1	P.B.T.D.	l	_1		
9/26/89	10/5/89				3650 <b>'</b>			3	3648'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			1	Tubing Depth		
3549.6' RKB Eumont Perforations 3198, 3223, 26, 3455, 63, 70, 79					3198' 93 3503 3522				3510 Depth Casing Shoe		
3531, 50, 59, 66	.8'	8'			3650'						
3331, 30, 32, 00	TUBING, CASING AND (				CEMENTING RECORD			<del></del>			
HOLE SIZE	CASING & TUBING SIZE								SACKS CEMENT  600		
12-1/4" 7-7/8"		8-5/8" 4-1/2"			1310' 3650'				850		
1-1/6	4-1/6			34.24							
		1 011/4	DIE.			<del></del> .———					
V. TEST DATA AND REQUES	T FUR AL	JLUYY A il volume i	ABLE of load o	il and must	be equal to or	exceed top allo	onable for thi	s depth or be	for full 24 hou	rs.)	
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 (Flow, pump, gas lift, etc.)											
							Choke Size	Choke Size			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF	Gas- MCF			
Month of the Control								],			
GAS WELL	-										
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of C	Gravity of Condensate		
250 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
Orifice Tester	135				135			2	8/64"		
VI. OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION					
I hereby certify that the rules and regulations of the Oil Conservation						JIL CON	15EHV				
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date	NOV 1 4				989	
					Date	Date ApprovedOrig. Signed by					
formi H. Mather					By_			Paul K	autz		
Signature Ronnie H. Westbrook											
Printed Name	Title										
Dale Nov. 2, 1989		915) Tele	684-	= <b>663</b> 1							
Date			•		.!						

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.