Sebault 3 Corries Appropriate District Office DISTRICT1		of New Mexico Natural Resources Departme		Form C-104 Revised 1-1-89
P.O. Box 1980, NoSbs, NM 88240		VATION DIVISION	N	Sce Instructions at Bottom of Page
P.O. Drawer DD, Arteala, NM 88210 DISTRICT III). Box 2088 / Mexico 87504-2088		
I 1000 Rio Brazos Rd., Aztec, NM 8741 I.	REQUEST FOR ALLOV	VABLE AND AUTHORIZ		
Operator	TOTRANSPORT	OIL AND NATURAL GA	S Well AFI No.	
John H. Hendrix Co Addrff 23 W. Wall, Suite	525			5-09218
Midland, TX 79701 Reason(s) for Filing (Check proper box				
lew Well	Change in Transporter of:	Other (Please explain	n)	
Recompletion	Oil X Dry Gas Casinghead Gas Condensate	_ Effective Ma	y 1, 1993	
id address of previous operator				
. DESCRIPTION OF WELL case Name		luding Formation		
State JG cation		ie Mattix SRANGA		B-1167
Unit Letter _K	: 1980 Feet From The	South Line and 231	0 Feet From The	West Line
Section 2 Towns	hip 23-S Range 36	5-е , ммрм,	Lea	County
L DESIGNATION OF TRA	NSPORTER OF OIL AND NAT	TURAL GAS		
ame of Authonzed Transporter of Oil	or Condensate	Address (Give address to which	h approved copy of this form	is to be sens)
exaco Trading & T	ransp. nghead Gas 📝 or Dry Gas	<u>Box 5568</u> TA De	enver, Colorad	0 80217
<u>PM Gas Corporatio</u>	n	_ Address (Give address to which	h approved copy of this form	is to be sent)
well produces oil or liquids, e location of tanks.	Unit Sec. Twp. R.	ge. Is gas actually connected?	When 7	Lesville_0K
	from any other lease or pool, give commi	ngling ottler number		
COMPLETION DATA	y and the of poor, give contain	inging other buthoet:	······································	
Designate Type of Completion	- (X) Oil Well Gas Well	New Well Workover	Deepen Flug Back Sarr	e Res'y Diff Res'y
	- (X) Date Compl. Ready to Prod.			ie Res'y Diff Res'y ()
te Sjarkled	- (X) Date Compl. Ready to Prod.	Total Depth	Deepen Plug Back Sarr P.B.T.D.	ie Res'v Diff Res'v
te Sjarkled	- (X)			ic Res'v Diff Res'v
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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.

OCD HOBBS CTTOD

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RECEIVED May 0 4 1990