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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

| 000 Rio Brazos Rd., Aztec, NM 87410 | REQU | EST FO | R AL | LOWAB | LE AND A | AUTHORIZ FURAL GA | ZATION S | | | | |
|---|-------------------------------|------------------------|----------|---------------------------|---------------------|----------------------|----------------------------------|------------------------|-------------------|------------|--|
| perator | | IO INAI | 13F | JI II OIL | , HID HA | | Well A | .Pl No. | | | |
| John H. Hendrix Corpo | ration | | | | • | | | 30-0 | 25 - 09937 | | |
| ddress | | | | | 701 | | | | | | |
| 223 West Wall, Suite leason(s) for Filing (Check proper box) | 525, Mi | <u>ldland,</u> | Tex | as 797 | Oth | er (Please expla | in) | | <u> </u> | | |
| lew Well | | Change in 1 | Transpo | rter of: | | | | .0 | | | |
| ecompletion | Oil | | Dry Ga | | 1 | Effective | 12-1-8 | 19 | | | |
| hange in Operator | Casinghead | d Gas 🔲 | Conden | sate | | | | | | | |
| change of operator give name | uv Fnet | ray Com | nany | 7. P. O | . Box 18 | 61, Midl | and, Te | xas 79 | 702 | | |
| | | | .pu, | | | | | | | | |
| . DESCRIPTION OF WELL | AND LEASE | | | | og Formation Kind | | | of Lease | | Lease No. | |
| ease Name | Well No. Pool Name, Including | | | | | | | ate, Federal or Fee | | | |
| Christmas Annie | | | Sour | n Bruns | SOIL DI II | Kalu ADV | | | | | |
| ocation / | . 669 | Q. | Coat Go | mm The Si | outh Lin | e and <u>1986</u> | . 4 Fe | et From The | West | Lin | |
| Unit Letter N | _ : | | 10011 | On 1110 | | | | | | G | |
| Section 1 Townshi | p 22-S | | Range | 37-E | , N | MPM, | <u>I</u> | ea | | County | |
| | ICDODÆE | D OF OI | TAN | ID NATII | DAI GAS | | | | | | |
| I. DESIGNATION OF TRAN lame of Authorized Transporter of Oil | | or Conden | mie | | Address (Gi | ve address to wh | iich approved | copy of this | | | |
| Texas New Mexico Pipe | [X] eline | | | | P. O. | Box 1510 | , Midla | nd, Tex | as 7970 | | |
| Vame of Authorized Transporter of Casinghead Gas X or Dry Gas | | | | | Address (Gir | ve address to wh | copy of this form is to be sent) | | | | |
| Texaco Producing Inc. | Former Producting Inc. | | | | P. O. Box 3109, Mid | | | | | | |
| f well produces oil or liquids, | Unit | Sec. | Twp. | • | 1 | y connected? | When | | | | |
| ive location of tanks. | N 1 22-S 37 | | | | Yes | ber: | DHC 280 | | | | |
| this production is commingled with that V. COMPLETION DATA | from any oth | ner lease of j | pooi, gi | AS COMBUNES | ing cinet mitt | | | | | | |
| Y. CUMPLETION DATA | | Oil Well | | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Designate Type of Completion | - (X) | | i | | İ | <u>L</u> | 1 | J, | <u></u> | | |
| Date Spudded | | pl. Ready to | Prod. | | Total Depth | | | P.B.T.D. | | | |
| | <u> </u> | | | | Top Oil/Gas | Pay | | Tubing De | oth | | |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | | | | | | | | |
| Perforations | | | | | <u> </u> | | | Depth Casi | ng Shoe | | |
| MIN STATE | | | | | | | | <u> </u> | | | |
| | | TUBING, CASING AND | | | | CEMENTING RECORD | | | DAGUG OFIAFAIT | | |
| HOLE SIZE | CA | CASING & TUBING SIZE | | | | DEPTH SET | | | SACKS CEMENT | | |
| | | | | | | | | | | | |
| | | | | | | | | + | | _ | |
| | | | | | | | | | | | |
| V. TEST DATA AND REQUE | ST FOR | ALLOW | ABLE | <u> </u> | <u> </u> | | | | | _ | |
| OIL WELL (Test must be after | recovery of I | total volume | of load | oil and must | be equal to d | or exceed top all | lowable for th | is depth or be | for full 24 hos | urs.) | |
| Date First New Oil Run To Tank | Date of To | | | | Producing N | Method (Flow, p. | ump, gas lift, | etc.) | | | |
| | | | | · · · | | | | Choke Siz | e | | |
| ength of Test Tubing Pressure | | | | | Casing Pressure | | | | | | |
| | Oil - Bbls. | | | | Water - Bbis. | | | Gas- MCF | Gas- MCF | | |
| Actual Prod. During Test | | | | | | | | | | | |
| | | | | | | | | | | | |
| GAS WELL | Angels cd | Test | | | Bbls. Conde | nsate/MMCF | | Gravity of | Condensate | | |
| Actual Prod. Test - MCF/D | Length of Test | | | | | | | | | | |
| esting Method (pitot, back pr.) Tubing Pressure (Shut-in) | | | | Casing Pressure (Shut-in) | | | Choke Size | | | | |
| resemb transfer (hand amounts. A | | _ | | | | | | | | | |
| VI. OPERATOR CERTIFIC | CATE O | F COMI | PLIA | NCE | | OIL COI | MCEDY. | /ΔΤΙΩΝ | וטועופוי | NC | |
| I hamby certify that the niles and regi | ulations of th | e Oil Conse | rvation | | | UIL COI | NOEN V | | | | |
| Division have been complied with and | d that the inf | ormation giv | ven abo | ve | | _ | | JA | 4N 0 4 | 1990 | |
| is true and complete to the best of my | y knowledge / | and Deliei. | | | Dat | e Approve | ed | | BY JERRY | | |
| Klimbe ok | to | - | | | | | ORIGINA | AL SIGNES NSTRICT I | SUPERVISO |)R | |
| Simone Colo | C. 6.8 | | | | By. | | | | | | |
| Signature Rhonda HUnter | Pro | od. As | | | | | Person . | | | | |
| Printed Name | 9/6. | 1,20 | Title | (3/ | Titl | e | | | . | | |
| Date | 110 | (<i>(O()</i> 1 Tel | lephone | No. | 11 | | | | | | |
| Date | | | p | | 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.