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Appropriate Dist. Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

INSTRUCTIONS ON REVERSE
SIDE

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

This form is not to be used for
reporting packer leakage tests in
New Mexico

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <i>John H. Hendrix Corp.</i>			Lease <i>Brunson C</i>			Well No. <i>6</i>		
Location of Well	Unit <i>1</i>	Sec. <i>3</i>	Twp <i>22</i>	Rge <i>37</i>	County <i>Lea</i>			
Name of Reservoir or Pool			Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Tbg. or Csg)	Choke Size		
Upper Compl	<i>Tubb</i>		<i>Gas</i>	<i>Flow</i>	<i>Csg</i>	<i>20/64</i>		
Lower Compl	<i>Drinkand</i>		<i>Gas</i>	<i>Flow</i>	<i>Tbg</i>	<i>20/64</i>		

FLOW TEST NO. 1

Both zones shut-in at (hour, date): *6:00 AM 3/26/94*

Well opened at (hour, date):	Upper Completion	Lower Completion
<i>12:00 PM 3/26/94</i>		
Indicate by (X) the zone producing.....		<i>X</i>
Pressure at beginning of test.....	<i>210</i>	<i>300</i>
Stabilized? (Yes or No).....	<i>no</i>	<i>no</i>
Maximum pressure during test.....	<i>320</i>	<i>300</i>
Minimum pressure during test.....	<i>210</i>	<i>100</i>
Pressure at conclusion of test.....	<i>320</i>	<i>100</i>
Pressure change during test (Maximum minus Minimum).....	<i>110</i>	<i>200</i>
Was pressure change an increase or a decrease?.....	<i>Increase</i>	<i>Decrease</i>
Well closed at (hour, date): <i>6:00 PM 3/26/94</i>	Total Time On Production <i>6 hours</i>	
Oil Production During Test: <i>1</i> bbls; Grav. <i>41</i>	Gas Production During Test <i>85</i>	MCF; GOR <i>85,000</i>
Remarks <i>No evidence of communication</i>		

Well opened at (hour, date): *6:00 AM 3/27/94*

Well opened at (hour, date):	Upper Completion	Lower Completion
<i>6:00 AM 3/27/94</i>		
Indicate by (X) the zone producing.....	<i>X</i>	
Pressure at beginning of test.....	<i>380</i>	<i>400</i>
Stabilized? (Yes or No).....	<i>yes</i>	<i>no</i>
Maximum pressure during test.....	<i>380</i>	<i>425</i>
Minimum pressure during test.....	<i>200</i>	<i>400</i>
Pressure at conclusion of test.....	<i>200</i>	<i>425</i>
Pressure change during test (Maximum minus Minimum).....	<i>180</i>	<i>25</i>
Was pressure change an increase or a decrease?.....	<i>Decrease</i>	<i>Increase</i>
Well closed at (hour, date): <i>12:00 PM 3-27-94</i>	Total time on Production <i>6 hours</i>	
Oil production During Test: <i>1</i> bbls; Grav. <i>40</i>	Gas Production During Test <i>90</i>	MCF; GOR <i>90,000</i>
Remarks <i>No evidence of communication</i>		

OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the information contained herein is true
and completed to the best of my knowledge

John H. Hendrix Corp.

Operator

Signature

Marvin Bunnows-Production Supt.

Printed Name

Title

3-31-94

394-2649

Date

Telephone No.

OIL CONSERVATION DIVISION

APR 05 1994

Date Approved

By

Title

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

OIL CONSERVATION DIVISION

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

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator John H. Hendrix Corporation Address 33 W. Wall, Suite 525 Midland, TX 79701		Well API No.
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) <input type="checkbox"/>		
EFFECTIVE 6/1/91		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Brunson C	Well No. 6	Pool Name, Including Formation Drinkard	Kind of Lease FEE State, Federal or Fee	Lease No.
Location Unit Letter I : 2080 Feet From The South Line and 560 Feet From The East Line Section 3 Township 22-S Range 37-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Texas New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Texaco Exp. & Prod. Inc.	Address (Give address to which approved copy of this form is to be sent) Box 3000, Tulsa, OK 74102
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (IDF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.

Signature
Rhonda Hunter
Printed Name
6/3/91
Date
Prod. Asst.
Title
915-684-6631
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 5 1991
By
Title

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.