, Minerals and Natural Resources Department

Revised 1-1-89
See Instructions
at Bottom of Page

OLL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	7	TO TRA	NSPO	ORT OIL	AND NA	TURAL GA	S	51 LL			
Operator							Well A	LP1 190.		. /	
John H. Hendrix Corp	oration	n							/		
Addr@23 W. Wall, Suite 5	25									,	
Midland, TX 79701					Oth	er (Please expla	in)				
Reason(8) for Filing (Check proper box)		Change in	Transpo	rter of:	سا						
New Well	Oil	·	Dry Ga	nxi							
Recompletion		d Gas 🔲	-		EFFE	ECTIVE 6/	1/91				
Change in Operator	Casinghea	a Cas	Conden	Mate							
change of operator give name					<u> </u>					 -	
and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	ASE					1	of Lease FE	E 1.	ase No.	
Lease Name		Well No.	Pool N	ame, Includi	ig Formation St			e, Federal or Fee			
Brunson C		7	Bli	nebry	Oil a	nd Gas	J Gate,				
Location											
Unit Letter P		760	Feet Fr	om The So	outh Lin	e and _560	Fe	et From The E	last	Line	
Unit Letter	- ·		_ ,	···· ··· ·							
Section 3 Township	p 22-S	·	Range	37-	E , N	мрм,			Lea_	County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS					<u></u>	
Name of Authorized Transporter of Oil	[or Conder	isale	$\overline{\mathbf{x}}$	Voguess (Cit	ve address to wi	iich approved	copy of this fo	orm is to be se	nu)	
Texas New Mexico	Pipel	line (Comp	añy	Box 2	528, Hc	bbs, N	M 882			
Name of Authorized Transporter of Casing	ohead Gas	[-7	or Dry	Gas XX	Address (Gir	ve address to w	iich approved	copy of this fo	orm is to be se	nt)	
Name of Authorized Transporter of Casing	പ്രസ്ത പ്രസ്ത) C	0. 2.,	رـــــا	Box 3	000, Tu	ılsa, C)K 741	02		
Texaco Exp. & Pr			Twp.	Rge.		ly connected?	When				
If well produces oil or liquids,	Unit	Sec.	liwp.	l vac.	Is gas account	ly connected.	i				
give location of tanks.	<u></u>	L_ <u></u>	ـــــا	<u> </u>	l			 			
If this production is commingled with that	from any oth	ier lease or	pool, giv	ve commingi	ing omer nur						
IV. COMPLETION DATA			,		· · · · · · · · · · · · · · · · · · ·		1 5	Ding Back	Same Res'v	Diff Res'v	
		Oil Well	4	Gas Well	New Well	Workover	Deepen	Flug Back	Same Nes V	pin Resv	
Designate Type of Completion		1	- I -		<u> </u>	<u> </u>	L	J,	l	_i	
Date Spudded	Date Com	pl. Ready to	o Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing F					Top Oil/Gas	l'ay		Tubing Depth			
Elevations (DF, RKB, RI, OK, Ele.)											
*	J				·			Depth Casin	g Shoe		
l'erforations								ļ			
		= := :: : : : : : : : : : : : : : : : :	G 4 61	NG AND	CEMENT	NG PECOP	D				
					CEMENT	ING RECOR		SACKS CEMENT			
HOLE SIZE	CA	SING & T	UBING	SIZE	DEPTH SET			-	SAGRO CEMENT		
	ĺ										
								_			
					<u> </u>						
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE				,				
	and the second second	otal volume	of load	oil and must	be equal to o	r exceed top all	owable for th	is depth or be	for full 24 hou	75.)	
	ecovery of	OLDI VOLIDIRE	0,1000	-	Producing N	fethod (Flow, p	ump, gas lift,	etc.)			
Date First New Oil Run To Tank	Date of Te	e SI			1.000						
					Casing Press			Choke Size	Choke Size		
Length of Test	Tubing Pro	essure			Casing Press	suite					
	1				<u> </u>			Gas- MCF			
Actual Prod. During Test	Prod. During Test Oil - Bbls.				Water - Bbl	K.		Gas- MCr			
GAS WELL					Taki: C	neate/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of	1 est			Bbls. Condensate/MMCF			Gravity or Concentration			
					Casing Pressure (Shut-in)			Choke Size			
lesting Method (pitot, back pr.)	Tubing Pr	essure (Shi	it-in)		Casing Pres	sure (Shut-in)		CHOKE SIZE			
reneration of the second of th		ē									
THE CORD LEGGE CERTIFICATION OF THE CORD		E CONT	DIIA	NCF					D. 11010	NA 1	
VI. OPERATOR CERTIFIC	WIE OI	COIVE		NCL	11	OIL COI	USERV	'A HON	DIVISIO	אכ	
I hereby certify that the rules and regu	JUN 0 5 1991,										
Division have been complied with and that the information given above						_		JUN II	D MAIL		
is true and complete to the best of my	knowledge :	and belief.			Dat	e Approve	ed				
- Y 1 2/					1						
Chisa 11 2011	nty				ll n.	***			SSYTAN		
Signature					By SEASON						
Rhonda Hunter	1	Prod.		, <u></u>	H				••		
Printed Name			Title		Title	9					
6/3/91	915-684										
Date		Te	lephone	No.	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

P 3

- 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.

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

State of New Mexico E 3y, Minerals and Natural Resources Departmen

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	OTRA	NSP	ORT OIL	AND NA	TURAL GA	S				
Operator							Well A	IPI No.			
John H. Hendrix Corp									····		
Addr&@3 W. Wall, Suite 5 Midland, TX 79701	25										
Reason(s) for Filing (Check proper box)					Oth	et (Please expli	in)				
New Well	(Change in	•	ועסרו							
Recompletion	Oil		Dry G			company 61	1/01				
Change in Operator	Casinghead	Gas	Conde	nsate 📋	EFFI	ECTIVE 6/	17.91		,,		
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name	,	Well No.	Pool N	lame, Includi	ng Formation			of Lease FE		ease No.	
Brunson C		7	Dr	inkard	St			ate, Federal or Fee			
Location											
Unit Letter P	: 760)	Feet F	rom The SO	uth Lin	e and560	0 Fe	et From The _	East	Line	
Section 3 Township	22-5	5	Range	37-E	, N	мрм,			Lea	County	
III. DESIGNATION OF TRAN	SPORTER	OF OI	LAN	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil	<u> </u>	or Conden	sale	X	Address (Giv	e address to wit				:ru)	
Texas New Mexico						528, Ho					
Name of Authorized Transporter of Casing	Gas XX		e address to wh			rm is to be si N 2	int)				
Texaco Exp. & Pro	-				1	000, Tu	Isa, C		<u> </u>		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actuali	y connected?			·		
If this production is commingled with that f	rom any othe	r lease or p	pool, gi	ive commingl	ing order num	ber:					
IV. COMPLETION DATA						,		C=====	(- Francisco	
Delegate Trace of Completion	(V)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		l	D-		Total Depth	.	L	PPTD			
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations	1							Depth Casin	g Shoe		
			G + 0	, , , , , , , , , , , , , , , , , , ,	CENTENET	NC DECOR	<u> </u>	<u> </u>			
	TUBING, CASING AND				DEPTH SET			Τ	SACKS CEM	ENT	
HOLE SIZE	CASING & TUBING SIZE			DEFINSE							
	ļ										
V. TEST DATA AND REQUES	T FOR A	LLOWA	ABLE	 C				_ 			
OIL WELL (Test must be after re	ecovery of tole	al volume	of load	l oil and must	be equal to o	exceed top allo	wable for the	s depth or be j	for full 24 hou	ers.)	
Date First New Oil Run To Tank	Date of Test				Producing M	ethod (Flow, pu	mp, gas lift,	etc.)			
					Casina P			Choke Size	Choke Size		
Length of Test	Tubing Pressure				Casing Pressure						
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
	<u> </u>				l			.1			
GAS WELL	·				Thus As I	nente A fi I CF		Gravity of	ondeneste		
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Freedom (contains)						
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIA	NCE			ICEDY	ATION	רוייוטוע	ואר	
I hereby certify that the rules and regula	ations of the (Oil Conser	vation			OIL COV	19EH A	AHUN	UIVIOIC 14004	אוע	
Division have been complied with and that the information given above					JUN 0 5 1991						
is true and complete to the best of my	knowledge an	d belief.			Date	e Approve					
Ash our	k				11				ે કરક આ		
Signature					∥ By_	7 × 2 ts. 5		5 C () () ()	· · · · · ·		
Rhonda Hunter Printed Name		rodA	Title		Title)					
	915-684		b	No							
Date -		Leic	phone	140.	II.						

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