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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 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	T(O TRANS	SPO	RT OIL	AND NAT	UHAL GA	NO WAII A	Pl No.				
Operator							WEII A	Well API No. 30-025-09999				
John H. Hendrix Corp Address				 								
223 West Wall, Suite	525, Mid	land, T	exa	s 797	01	r (Please expla	iin)					
Reason(s) for Filing (Check proper box)		Change in Tra										
lew Well	Oil		y Gas		Eff	fective	12-1-89					
lecompletion	Casinghead		ndensi	ate 🗌								
change of operator give name	Oryx Ener		anv	. P. (). Box 18	61, Mid	land, Te	xas 79	702			
to accrete or broader of			any	<u>,</u>	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>						
I. DESCRIPTION OF WELL	L AND LEA	SE Well No. Po	ol Ner	ne Includi	ng Formation			f Lease		ase No.		
ease Name			State,	Federal or Fed	Fee	<u></u>						
Eva Owen				nkard								
Unit LetterD	: <u>66</u>	60 Fe	et From	m The	North Line	and <u>660</u>	Fe	et From The	<u>West</u>	Line		
Section 3 Town	thip 22-5	S Ra	nge	37 - E	, NN	IPM, L	ea			County		
II. DESIGNATION OF TRA	NSPORTE	OF OIL	AND) NATU	RAL GAS					. 		
Name of Authorized Transporter of Oil	TX)	or Condensate	<u> </u>		Montess (Oliv				orm is to be se			
Texas New Mexico Pir		·		<u></u> _	P. O.	Box 151	<u>0, Midla</u>	and, Tex	(as 797)) <u>Z</u>		
Name of Authorized Transporter of Car	singhead Gas	□X or	Dry C	ias 🗀					form is to be se			
Texaco Producing		n l		Pac	P. O.	BOX 310	9. Midla When	7	cas 7970			
If well produces oil or liquids, ive location of tanks.	Unit	Sec. Tv	≁p .	l v.ge.	19 gas actuall)	,						
this production is commingled with th	at from any othe	r lease or poo	d, give	comming	ling order numb	жег:						
V. COMPLETION DATA								Mara Parata	Same Res'v	Diff Res'v		
	- (Y)	Oil Well	G	as Well	New Well	Workover	Deepen	l Mag Back	Same Kes v	I Read		
Designate Type of Completic		I. Ready to Pr	l nd		Total Depth	L	J	P.B.T.D.				
Date Spudded	Date Compi	i. AGBUY W FI										
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Dep	oth			
								Depth Casing Shoe				
Perforations									J -			
<u></u>	т	LIBING C	ASIN	IG AND	CEMENTI	NG RECOF	ชว					
HOLE SIZE		TUBING, CASING AND				DEPTH SET			SACKS CEMENT			
HOLE SIZE												
												
												
	ECT FOR A	HOWAT	ii e		<u> </u>							
V. TEST DATA AND REQU OIL WELL (Test must be aft	ESIFUK A	LLUYY ALE tal valume of	ouit load n	oil and mus	t be equal to or	exceed top al	lowable for th	is depth or be	for full 24 hou	rs.)		
OIL WELL (Test must be aft Date First New Oil Run To Tank	Date of Tes				Producing M	ethod (Flow, p	oump, gas lift,	elc.)				
DESCRIPTION OF THE PARTY								Choke Size				
Length of Test	Tubing Pre	ente			Casing Press	ште	. *	CHOKE SIZE				
					Water - Bbis			Gas- MCF				
Actual Prod. During Test	Oil - Bbls.				AMERICA DOIS							
GAS WELL								10 10 7	Continue to			
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Condensate/MMCF			Gravity of Condensate				
	- T F				Carino Dress	sure (Shut-in)	 	Choke Size	e			
Testing Method (pitot, back pr.)	Tubing Pre	saure (Shut-in	1)	,	Casing Field	(ono 10)						
VI. OPERATOR CERTIF	ICATE OF	COMPL	.IAI	NCE			NCEDV	/ΔΤΙΩΝΙ	DIVISIO	NC		
I hamby certify that the rules and D	egulations of the	Oil Conserva	tion			OIL CO	ころにしく					
Division have been complied with	and that the info	rmation given	above	•			1	J	4 N N A	1330		
is true and complete to the best of	my knowledge al	, oeiici.			Date	e Approv	ed	<u>~</u> .				
Apprela &	Trial	8-6										
					∥ By_	ORIG			RY SEXTO	N		
Rhonda Hunter Prod. Asst.						Title						
Printed Name	915.	684-	Title CO	63/	Title)						
Date		Telepi	hone N	√lo .								

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.

P4	used for reporting shor leakage tests Northwest New Musico	SOU. AS	r new Mexico PA	CKER LEAKAGE S	·		
Operator	<u> </u>	C	Lea:	UA OWENS		Wol.	1
Location Uni	LL BO	Company	[WD	Rgo	7-E C	ounty	-A
of Well	D	3	Type of Prod	Method of Prod	Prod. Med	iium (Choke Size
Unnan	of Reserve	ir or Pool	(Oil or Gas)	Flow, Art Lift	(Tbg or C		
COMPA	Tubbs	·	GAS	Flow			
Lower Compl 1	Drinkard		0.1	Flow	Tbg	<u>'</u>	
			FLOW TEST	r NO. 1	•		
Both zones sl	hut-in at (h	our, date):_	8:00 Am	5-24-89	Upr	oer .	Lower
				5-25-89		Letion	Completion
Indicate by	(X) the zo	ne producing	• • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		<u>X</u>	
Pressure at	beginning Of	test	• • • • • • • • • • • • •	• • • • • • • • • • • • • • • •	12	00	37.0
				• • • • • • • • • • • • • • • •			YES
				• • • • • • • • • • • • • • • •			500
							370
				••••••			500
)			130
							INC.
				Total 7	Time On tion 2	thes.	
Well closed Oil Producti During Test:	at (hour, da on ø bbl	.s; Grav		oduction Test			
Remarks			,				
							· · · · · · · · · · · · · · · · · · ·
			FLOW TEST	NO. 2	1 ho	per	Lower
Well opened	at (hour, da	ate): 8.0	00 pm 5	27-89		letion	
Indicate by	(X) the	zone produci	ng	•••••	•••••		X
Draccine at	heginning of	test		•••••		50	510
							yes.
Stabilized:	(Tes of No)	tost				400	510
Maximum pres	sure during					350	90
Minimum pres	ssure during	test	,			400	90
Pressure at	conclusion	of test				50	420
Pressure cha	inge during	test (Maximu	n minus Minimum	1)	• • • • • • • • • • • • • • • • • • • •	70 <u> </u>	DEC
Was pressure	change an	increase or a	decrease?	Total t	ime on	1/11 -	
Well closed Oil Producti	at (hour, do	ate) <u> %'.00</u> ls: Grav.	Gas Pro Gas Pro During	Product oduction Test 143	MCF; GOF	27113	
			Test				
					d	o the h	net of my
I hereby cer knowledge.	tify that t	he informati		ained is true an			
-	JUN 28	1989	0p	erator Oryx Anaecie	LNERgy	comp	ANY
Approved: Uil Conserv	ation Divis	1011	Ву	Anacce	Je Jr		
Ву	ORIGINAL SIGNE	ID BY JERRY SEXT	T1	tle MAINT	1. Asst.		

omit 5 Copies propriate District Office TRICT I O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

)INTRICT II 1.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

ISTRICT III			C, INCW MICK			.:=:01			
000 Rio Brazos Rd., Azzec, NM 87410	REQUES	TFOR	ALLOWABL	E AND A		ATION			
·	ТО	TRANS	PORT OIL	AND NAT	UHAL GAS	Well AP	Na		
perator						30-0	25-0999	9	
Oryx Energy Company									
P. O. Box 1861, Midla	nd. Texas	s 79702	·						
Reason(s) for Filing (Check proper bax)				Other	(Please explain	1)			1
New Well	Cha	nge in Tran							
Recompletion	Oil	☐ Dry							
Change in Operator X	Casinghead G	L Con	densate		n 0	Por 186	1 Midl.	and. Tex	as 79702
f change of operator give name and address of previous operator	Sun Expl	oration	a & Produc	tion Co	., P. O.	NOX 100	1, 11141		
IL DESCRIPTION OF WELL A	IND LEAST	Ε					·	l ea	se No.
Lease Name	W	ell No. Poo	l Name, Includin	_		Kind of State, F	Lease ederal or Fee	1	
Evonens		<u>1 T</u>	ubb Oil &	<u>Gas</u>				1 166	
Location					460	F	E The	West	Line
Unit Letter D	:660	Fee	t From The <u>N</u>	orth Line	and	rec	From The		
Section 3 Township	22 - S	Ra	nge 37-E	, NI	лрм, Lea	1	<u>,</u>		County
III. DESIGNATION OF TRAN	SPORTER	OF OIL	AND NATUE	RAL GAS	e address to wh	ich approved	come of this fo	rm is to be ser	<u></u>
Name of Authorized Transporter of Oil		Condensate		VOMEZE (CIN	Box 1510;	Midlan	d. Texa	s 79702	•
Texas New Mexico Pipe	line Co.		Dry Gas	Addres (Giv	e address to wh	ich approved	copy of this fo	orm is to be ser	u)
Name of Authorized Transporter of Casing		<u> </u>	Diy Gas	P. 0.	Box 1492	, El Pas	o, Texa	s 79999	
El Paso Natural Gas (If well produces oil or liquids,		oc. Tv	vp. Rge.	Is gas actuall	y connected?	When		- '	
give location of tanks.		i		y-€					
If this production is commingled with that	from any other	lease or poo	L give comming	ing order num	ber:				
IV. COMPLETION DATA				,	,	<u> </u>	Divo Back	Same Res'v	Diff Res'v
- i F. of Completion		Oil Well	Gas Well	New Well	Workover	Deepen	Link pack		
Designate Type of Completion	Date Compl.	Peady to Pr	<u></u>	Total Depth	<u> </u>	<u>. </u>	P.B.T.D.	<u>. </u>	
Date Spudded	Date Compi.	Really W 11							
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Form	ation	Top Oil/Gas	Pay		Tubing Depth		
Elevations (DF, MtD, M1, ON, M1)		•					Depth Casing Shoe		
Perforations							Depui Casi	ag Silve	
				CELCENT	NG PECOE	2D	!		
			ASING AND	CEMENT	DEPTH SET		SACKS CEMEN		
HOLE SIZE	CASI	NG & TUB	ING SIZE	 	DEI III GEI				
							ļ		
	 								
V. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE		ad ean al	loumble for th	ie denth or he	for full 24 hos	ors.)
OIL WELL (Test must be after	recovery of tol	al volume of	load oil and mus	Producing 1	Method (Flow, p	ump, gas lift,	eic.)	, , , , , , , , , , , , , , , , , , , ,	
Date First New Oil Run To Tank	Date of Test	<u>l</u>		I location in		1.0			
	Tubing Pres	GIR.		Casing Pres	sure		Choke Siz	¢	-
Length of Test	Tuoing Free	3010					N.C.		
Actual Prod. During Test	Oil - Bbls.			Water - Bb	ls.		Gas- MCF	•	
				<u></u>					
GAS WELL									
Acnual Prod. Test - MCF/D	Length of	Test		Bbls. Cond	ensate/MMCF		Gravity of	Condensate	
				- K	ssure (Shut-in)		Choke Siz		
Testing Method (puot, back pr.)	Tubing Pre	ssure (Shut-	in)	Casing Pre	ESTIE (NION-III)		C.O.D. G.	· .	
				⊣ ┌					
VI. OPERATOR CERTIFI	CATE OF	COMP	LIANCE]]	OIL CO	NSER\	MOITA	DIVISI	ON
I hereby certify that the rules and rej	gulations of the	Oil Conserv	ation				11	UN 19	1989
Division have been complied with a is true and complete to the best of n	na mai me inioi ny knowledge a	nnauon give nd belief.	T BOOAC	Da	ite Approv	red	ال	OIA T A	
	1)				" Abbina	~ ~		Q!1	hv
Mayo Z	Tella			Orig. Signed by Paul Kautz					
				li pà			<u>_</u>		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Signature

Maria

Printed Name

4-25-89

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

Geologist

2) All sections of this form must be filled out for allowable on new and recompleted wells.

915-688-0375

Accountant

Title

Telephone No.

- 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.

, 5 Copies

sprice District Office
(RICT_I A Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

ASTRICT II P.O. Drawer DD, Arlesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Azioc, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

	T	O TRAI	VSP(ORT OIL	AND NAT	UNAL GA	- TW	ell AP	Na			
erator							30-025-09999					
Oryx Energy Company		30 023 0333										
hess P. O. Box 1861, Midla	and. Tex	as 797	702									
uson(s) for Filing (Check proper box)	,				Other	(Please explain	n)					
w Well		Change in	-							•		
completion X	Oil Casinghead		Dry G									
ange in Operator LXI	Canagneso	- Cas		& Produc	tion Co	P 0.	Вох	186	1. Midla	and, Tex	as 7970	
address of bisations obsistor. "	Sun Exp	lorat.	lon	& Produc	tion co	· • · · · · ·	1,011		,			
DESCRIPTION OF WELL	AND LEA	SE						r:	1	lea	se No.	
ase Name		Well No.	Pool I	Name, Includin					Kind of Lease State, Federal or Fee			
va Owen		_1	Dr	inkard						Fee		
cation		د د		From The	Joseph Iina	66N		Feet	t From The _	West	Line	
Unit LetterD	_ :6	60	. Feet	From The	MOLLII III	1 and		~				
Section 3 Townshi	ip 22-S		Rang	e 37-E	, NI	лрм,	Lea				County	
. DESIGNATION OF TRAN	SPORTE	or Conder	IL A	ND NATUE	Address (Giv	e address to wh	ich app	roved	copy of this fo	rm is to be ser	u)	
ume of Authorized Transporter of Oil Texas New Mexico Pipe	1 = Co		194CE		P. O.	Box 1510	. Mi	dlan	nd. Texa	s 79702	<u>,</u>	
ame of Authorized Transporter of Casin		· NX	or Dr	ry Gas 🔲	Address (Giv	e address to wh	uch app	proved (copy of this fo	em is to be set	u)	
Getty Oil Company			a			Box 300,				a 74112	<u> </u>	
well produces oil or liquids,	Unit	Sec.	Twp		Is gas actually connected?			When	7			
re location of tanks.			<u> </u>									
this production is commingled with the	t from any oth	er lease or	pool,	give comming:	ing order num							
. COMPLETION DATA		Oil Wel		Gas Well	New Well	Workover	De	epen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	1 - (X)	1	i		i	İ	1		Ļ 	<u> </u>	<u> </u>	
ate Spudded	Date Corr	pi. Ready t	o Prod	i	Total Depth				P.B.T.D.			
·					Top Oil/Gas Pay			Tubing Depth				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top on on								
Perforations					<u></u>				Depth Casin	g Shoe		
Citemons									<u> </u>			
		TUBINO	, CA	SING AND	CEMENT	ING RECO	<u>w</u>			CACKS CEN	ENT	
HOLE SIZE	C	ASING &	TUBIN	G SIZE	DEPTH SET				SACKS CEMENT			
					-							
	-+											
V. TEST DATA AND REQU	EST FOR	ALLOV	VABI	LE						6 6-11 24 hav	ì	
I. TEST DATA AND REQUIDED IN THE STEEL THE STE	r recovery of	total volum	re of lo	oad oil and mus	t be equal to	or exceed top at Method (Fiow,)	llowable	e for th	is depth or be	jor juli 24 hoi	<i>23.</i>)	
Date First New Oil Run To Tank	Date of	[est			Producing 1	Method (Flow,)	рилф, д	, us .y.,	 ,			
	T	Tubing Pressure				Casing Pressure			Choke Size			
Length of Test	I uoing r	TEXSUITE							Con MCE			
Actual Prod. During Test	Oil - Bb	<u> </u>			Water - Bbls.				Gas- MCF			
GAS WELL									10	Candina		
GAS WELL Actual Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF				Gravity of Condensate			
		· · · · · ·			Casing Da	ssure (Shut-in)			Choke Siz	.c	<u> </u>	
Testing Method (pitot, back pr.)	Tubing	Pressure (S	nut-m)	,	Casing 110	()						
				TANCE	-\[:		
VL OPERATOR CERTIF	ICATE (OF CON	APL.	IANCE	<u> </u>	OIL CC	NS	ER\	/ATIQ i j	DIVIBI	odko –	
I hereby certify that the rules and re Division have been complied with	egulations of t and that the it	the Oil Cor aformation	given :	abové abové						- 13 m i		
is true and complete to the best of	my knowledg	e and belie	ſ.		∥ Da	te Approv	ved .			<u>-</u>		
\sim \sim	IJ.					· '\$' \$'				ioned by		
Maria L. Teles					By				Ong. S	igned by Kautz		
Signature Doroz	0) ,	. כי כי חי	untant					Ge	ologist		
Maria L. Perez Printed Name			T	ille	Tit	le						
4-25-89		<u>915-68</u>	<u> 8–0</u>	375	. ``							
Date			Teleph	oose No.	11							

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