bmit 5 Copies ppropriate District Office <u>JISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico Energy, Minerals and Natural Resources Department

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OIL CONSERVATION	DIVISION
P.O. Box 2088	

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

NO BIALCA KCC, PLANTY P		OTRA	NSPC	ORTOLLA	ND NATL	JRAL GAS	S Well AP	I No]
rator							well Af		5-10001	
John H. Hendrix Corpo	ration							00		
		11	Tov	797	02					
223 West Wall, Suite	<u>525, M1</u>	dland	<u> </u>	<u>as_171</u>	Other	(Please explain	n)			
son(s) for Filing (Check proper box)	(hange in	Transpo	rter of:			10 1	00		
w Well	Oil		Dry Ga]	Effectiv	e 12-1-	09		
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ange of operator give name	Energy	Compa	any.	<u>P.O.B</u>	<u>ox 1861</u>	Midlan	<u>d. Texa</u>	<u>s_/9/02</u>		
addition of the state of the st										
DESCRIPTION OF WELL	AND LEA	Well No.	Pool N	ame, Including	Formation			f Lease Federal or Fee		se No.
ase Name		3) <u>il & Ga</u>	s	Suite, I		Fee	
Eva Owens								_	Wost	Line
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Unit Letter						IPM, Le				County
Section 3 Townshi	p 22-S		Range	<u>37-E</u>	, [1]		<u>a</u>			
. DESIGNATION OF TRAN	CDODTE		II. AN	ID NATUR	AL GAS			. delia fa	en is to be se	nt)
I. DESIGNATION OF TRAM ame of Authorized Transporter of Oil		or Conde	nsate		Address (Give	address to wh	uch approved	copy of this jo	xas 797	
Texas New Mexico Pip	eline Co	ompany	, <u> </u>		P. O.	Box 151 e address to wh	10, Midi	com of this fo		
ame of Authorized Transporter of Casin	ighead Gas	X	or Dry	Gas 🛄	Address (Giw	Box 14	97. E1 I	Paso, Te	xas 799	99
El Paso Natural Gas			1	Pee	Is gas actually	v connected?	When	?		
well produces oil or liquids,	Unit	Sec.	Twp.	l Age.	18 Bas anna-2	,				
ve location of tanks. this production is commingled with that		er lease of		ive commingli	ing order num	ber:				
this production is commingled with that V. COMPLETION DATA	. Ironi any ou		· F 6					Dive Beck	Same Res'v	Diff Res'v
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	- North I	Producine	Formatio		Top Oil/Gas	Pay		Tubing Dep	¢h (
levations (DF, RKB, RT, GR, etc.)	Name of 1	e of Producing Formation						Depth Casing Shoe		
erforations										
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HOLE SIZE	C/	ASING &	TUBING	SIZE						
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V. TEST DATA AND REQU OIL WELL (Test must be afte	EST FOR	ALLOV	VABL	E.	. he equal to d	or exceed top a	llowable for I	his depth or be	for full 24 ho	nurs.)
OIL WELL (Test must be afte	er recovery of	Total Porta	ne of loc	ad oil and mus	Producing N	Method (Flow,	pump, gas lift	, etc.)		
Date First New Oil Run To Tank	Date of 7	fest						Choke Siz		
	Tubing P	Pressire			Casing Pres	sure	. '	Choke SIL	C	
Length of Test	I normg r	1000010						Gas- MCF		
Actual Prod. During Test	Oil - Bbl	ls.			Water - Bb	8.				
Actual Floce During Toni										
GAS WELL						ensate/MMCF		Gravity of	Condensate	
Actual Prod. Test - MCF/D	Length	of Test			Bbls. Cond					
			माल कि		Casing Pre	ssure (Shut-in)		Choke Siz	Le	
Testing Method (pilot, back pr.)	Tubing	Pressure (Snua-m)							
				ANCE						
VI. OPERATOR CERTIF	ICATE (JF COI	MPLI			OILCC	DNSEH	VATION	INNI	199
I hereby certify that the rules and r Division have been complied with	amulations of	me un co	meci vari	u					JAN	04 00
Division have been complied with is true and complete to the best of					Da	te Appro	ved			
	′ /									
1 1 mala Ch	66.68	F			By					
Signature Phond	Signature Rhonda Hunter Prod. As:					DY ORIGINAL SIGNED BY JERRY SEXTON				
Printed Name			-	itle	Til	tle				
	9	<u>15-68</u>	4-6	<u>631</u>	- • "	_				
Date			leleph	one No.						

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. Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

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propriate District Office	State of New Energy, Minerals and Natur	w Mexico ral Resources Department	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page
TRICT I . Box 1980, Hobbs, NM 88240	OIL CONSERVA	TION DIVISION	St Domoni of T -B.
TRICT II Drawer DD, Artesia, NM 88210	P.O. Bo Santa Fe, New Me	x 2088 xico 87504-2088	
TRICT III 0 Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR ALLOWAB		N
	TO TRANSPORT OIL	AND NATURAL GAS	
perator			Well API No. 30-025-10001
John H. Hendrix Corpora	ation		
idress 223 West Wall, Suite 5	25, Midland, Texas 7970	1 Other (Please explain)	
eason(s) for Filing (Check proper box) ew Well	Change in Transporter of:	8	1 00
ecompletion	Oil Dry Gas Caringhead Gas Condensate	Effective 12-	-1-09
	Casinghead Gas Condensate x Energy Company, P. O.	Box 1861, Midland,	Texas79702
a manufacture from the			
. DESCRIPTION OF WELL A	Well No. Pool Name, Includin	ng Formation	Kind of Lease Lease No. State, Federal or Fee Fee
Eva Owen	3 Drinkard		ree
ocation	• 510 Feet From The No	orth_Line and2130	Feet From The Vest Lin
Unit Letter		. NMPM, Lea	County
Section 3 Township			
1. DESIGNATION OF TRANS	SPORTER OF OIL AND NATU	RAL GAS TA Address (Give address to which ap	proved copy of this form is to be sent)
lame of Authorized Transporter of Oil Texas New Mexico Pipel		P. O. Box 1510. M	fidland, Texas 79702
lame of Authorized Transporter of Casing	head Gas X or Dry Gas	Address (Give address to which ap	proved copy of this form is to be sent) 11dland, Texas 79702
Texaco Producing f well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When ?
ve location of tanks.		ling order number:	
this production is commingled with that f V. COMPLETION DATA	from any other lease or pool, give comming		eepen Plug Back Same Res'v Diff Res'v
Designate Type of Completion -	Oil Well Gas Well	New Well Workover De	epen Plug Back Same Res V Diff Res
Designate Type of Completion	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)			Depth Casing Shoe
Perforations			
		CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	
V. TEST DATA AND REQUES	ST FOR ALLOWABLE		e for this depth or be for full 24 hours.)
OIL WELL (Test must be after r Date First New Oil Run To Tank	ST FOR ALLOW ABLE recovery of total volume of load oil and mus	Producing Method (Flow, pump, g	gas lift, etc.)
Date First New Oil Run 10 Taux		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Casing ressure	
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
		Casing Pressure (Shut-in)	Choke Size
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)	Coming a second (criter ray)	
I could interest (Figure 1			
VI OPERATOR CERTIFIC	CATE OF COMPLIANCE		ERVATION DIVISION
VI. OPERATOR CERTIFIC	ulations of the Oil Conservation		ERVATION DIVISION
VI. OPERATOR CERTIFIC I hereby certify that the rules and regu Division have been complied with and is the and complete to the best of my	liations of the Oil Conservation d that the information given above where the information of the second		IAN O A 1000
VI. OPERATOR CERTIFIC I hereby certify that the rules and regu Division have been complied with and is true and complete to the best of my	liations of the Oil Conservation d that the information given above where the information of the second	Date Approved	JAN 0 4 1990
VI. OPERATOR CERTIFIC I hereby certify that the rules and regu Division have been complied with and is true and complete to the best of my	slations of the Oil Conservation d that the information given above h knowledge and belief.	Date Approved .	JAN 0 4 1990
VI. OPERATOR CERTIFIC I hereby certify that the rules and regu Division have been complied with and is true and complete to the best of my Signature Rhonda	liations of the Oil Conservation d that the information given above where the information of the second	Date Approved .	JAN 0 4 1990
VI. OPERATOR CERTIFIC I hereby certify that the rules and regu Division have been complied with and is true and complete to the best of my Charles and complete to the best of my Signature Rhonda	Iditions of the Oil Conservation d that the information given above hnowledge and belief. <u>Hunter Prod. Asst.</u> Title	Date Approved .	JAN 0 4 1990 INAL SIGNED BY JERRY SEXTON

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.

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

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Senarate Form C-104 must be filed for each pool in multiply completed wells.

pries / District Office	Energy
1980, Hobbe, NM 88240	OL
TII swer DD, Antesia, NM \$\$210	

RICT III Rio Brazos Rd., Aztec, NM 87410

State of New Mexico y, Minerals and Natural Resources Department

CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

		IU IRA	NSP		AND NAT		Well AF	I No.		
entor		30-025-10001								
Oryx Energy Company		<u></u>								
P. O. Box 1861, Mid	lland, Te	xa <u>s 79</u>	702							
ason(s) for Filing (Check proper bon)				Other	(Please explain	9			
w Well		Change in	-							
completion 🗌	Oil		Dry G	_						
ange in Operator LX	Casingher		Conde				- 100	1 14 11	and Tou	20 7970
hange of operator give name	Sun Ex	plorat	ion	& Produc	ction Co.	, P. O.	Box 186	1, Midia	and, lex	
-		ACE				•				•
DESCRIPTION OF WEL	LANDLE	Well No.	Pool 1	Vame, Includir	rg Formation			[Lease		se No.
		3			0il & Ga	S	State, I	Federal or Fee	Fee	!
<u>Eva Owens</u>		<u> </u>	1							
Unit Letter	•	510	Feet I	rom The	orth Line	and2130	Fe	t From The _	West	Line
						-	~			County
Section 3 Town	nship 22-S		Rang	<u>37-E</u>	, NM	IPM_ Le	a			County
					DAT CAS					
I. DESIGNATION OF TR	ANSPORT	OF Conde			Address (Give	address to wh	ich approved	copy of this fo	rm is to be ser	u)
lame of Anthonized Transporter of O					P. 0.	Box 151	0, Midl	and, Tey	<u>(as 797</u>	02
Texas New Mexico I	aninghead Gas		or Dr	y Gas 🔲	Address (Give	address to wh	ich approved	copy of this fo	erm is to be ser	ư)
Getty Oil Go. El	Puso Pe	stura	-4 U	Jan-					oma 7410	2
f well produces oil or liquids,	Unit	Sec.	Twp	Rge.	Is gas actually	connected?	When	7		
ive location of tanks.					<u> </u>					
this production is commingled with	that from any o	ther lease o	r pool, j	give comming	ling order numb	er:				
V. COMPLETION DATA		Oil We	<u></u>	Gas Well	New Well	Workover	Deepen	Phug Back	Same Res'v	Diff Res'v
Designate Type of Complete	ion - (X)	1011 We	ш I	Oas well				i _	İ	<u> </u>
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Date Shore		1 -								
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		LASING &				DEPTH SET			SACKS CEM	ENT
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								_ <u></u>		<u> </u>
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V. TEST DATA AND REC	UEST FOF	ALLO	VABL	E.		- manad too al	iourble for th	is depth of be	for full 24 hos	ers.)
OIL WELL (Test must be	after recovery a	of total volue	ne of lo	ad oil and mu	st be equal to o	lethod (Fiow, p	ump, gas lift,	etc.)	<u></u>	
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the of Test	Tubing	Pressure			Casing Press	ure		Choke Size		
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GAS WELL										
Actual Prod. Test - MCF/D	Length	of Test			Bbis. Conde	asate/MMCF		Gravity of	Condensate	
	_							Choke Siz		
Testing Method (pitol, back pr.)	Tubing	g Pressure (S	Shut-in)		Casing Pres	sure (Shut-in)			. .	
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I hereby certify that the rules an	d regulations of	f the Oil Co	nservali	on bour		0.200				
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Maria Z.	Tens						ORIG	INAL SIG-		
Signature					By			DISTRICT	HED BY JER	RY SEXTI
Maria L. Perez		A		<u>intant</u>	·				I SUPERVI	SOR
Printed Name		015 64	-	11c	Tit!	e				
4-25-89		915-68		375 one No.	-					
Date					11					

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ubmit 5 Copies oppropriate District Office <u>JISTRICT I</u> O. Box 1980, Hobbs, NM 88240

)ISTRICT II '.O. Drawer DD, Artenia, NM 88210

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION	4
HEQUEUT OF HER AND MARKED AL CAS	
TO TRANSPORT OIL AND NATURAL GAS	_

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nior							30-0	025-10001			
Oryx Energy Company											
P. O. Box 1861, Midla	nd, Te	xas 79	702				-)				
son(s) for Filing (Check proper box)					U Other	(Please explai	ny				
w Well	07	Change in	Transp Dry G								
completion L	Oil Casinghea	ل ا Gas 🗌	Cond								
ange in Operator LXI	Canagica		ion	& Produc	tion Co.	. P. O.	Box 186	l, Midla	nd, Tex	as 7970	
address of previous operator	Sun Ex	plorat	101	a riouud	<u></u>	,				•	
DESCRIPTION OF WELL	AND LE	ASE					Vindo	Lease	Le	ase No.	
ase Name	Well No. Pool Name, Including				g Formation			ederal or Fee	Fee		
va Owen		3	Dr	<u>inkard</u>							
cation		r i o	_	N			in Fa	t From The We	est	Line	
Unit LetterC	_ :	510	_ Feet	From The	orth_Line					-	
Section 3 Townshi	ip <u>22-S</u>		Rans	æ <u>37−</u> E	, NM	IPM, Le	a			County	
							. 4				
DESIGNATION OF TRAN	SPORTI	ER OF C)IL A	ND NATU	RAL GAS	address to w	uch approved	copy of this for	m is to be se	nt)	
ame of Authorized Transporter of Oil		or Conde	3 161 6		And the forme			nd, Texas			
Texas New Mexico Pipe	eline		or D	ry Gas	Address (Giw	address to wi	hich approved	copy of this for	m is to be se	mt)	
ame of Authorized Transporter of Casis	Phone	·	-	_	P. O.	<u>Box 300.</u>	<u>Tulsa</u>	<u>Oklahom</u> a	<u>a 7410</u>	2	
well produces oil or liquide,	Unit	Sec	Dwy	Rge.	Is gas actually	connected?	When	?			
ve location of tanks.	i	<u>i</u>		<u> </u>	<u> </u>						
this production is commingled with the	t from any o	ther lease o	or pool,	give comming	ling order numl	xer:					
. COMPLETION DATA				Gas Well	New Well	, <u> </u>	Deepen	Plug Back	Same Res'v	Diff Res'v	
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V. TEST DATA AND REQU OIL WELL (Test must be afin	ESI FUI	n ioial volu	me of l	load oil and mi	ist be equal to a	r exceed top a	llowable for 1	his depth or be	for full 24 ho	nars.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of				Producing N	Aethod (Fiow,	pump, gas lifi	, elC.)			
					Casing Pres			Choke Size			
Length of Test	Tubing	Pressure			Casing Files	8010					
					Water - Bbi	5.		Gas-MCF			
Actual Prod. During Test	Oil - B	DIS.									
GAS WELL	Lengt	n of Test	·		Bbls. Cond	ensate/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCLID	Lange .			•				Choke Size			
Testing Method (pilot, back pr.)	Tubin	g Pressure ((Shut-ir	a)	Casing Pre	ssure (Shut-in)		Choke Size			
VL OPERATOR CERTIN	FICATE	OF CO	MPL	LIANCE			NSFR	VATION	DIVIS	ION	
Themps certify that the nules and i	regulations o	f the Oil C	onserva	ntion							
Division have been complied with is true and complete to the best of	and that the	informatio	a given	above		to Anno	vod	JU	N 1 9	1393	
is true and complete to the best of		Se and del				te Appro	veu				
Maria	tom				_			SIGNED BY		YTON	
Signature					- Ву			SIGNED BY			
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Printed Name		915-6		• • • • •	1 11	le			· · · · · · · · · · · · · · · · · · ·		
<u>4-25-89</u>		<u>, , , , , - (</u>		phone No.	-						

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