Submit 5 Copies
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 gy, 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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		O TRAI	ISPOR	I OIL	AND NA	UHAL GA	Nell A	DI No			
Operator John H. Hendrix 223 W. Wall, St	Corp	oratio	on				Well A				
	701										
Reason(s) for Filing (Check proper box)	ock proper box) Other (Please explain)										
New Well	(Change in T	ransporter (of:						• • • • •	
. \square	Oil	~	Dry Gas	X							
Recompletion	Casinghead Gas Condensate EFFECTIVE 4-)			
Change in Operator	Canngneau	Gas	COHOCHBAIC	<u> </u>						 _	
If change of operator give name and address of previous operator											
- · · · · · · · · · · · · · · · · · · ·		on.									
II. DESCRIPTION OF WELL A	IND LEA	SE		1	- F		Kind C	f LeaseFEF	ı le	ase No.	
Lease Name	Well No. Pool Name, Including				g romanon			State, Federal or Fee			
Thomas Long		2	Drink	ard.							
Location										l	
Unit LetterM	: 330		Feet From T	The So	uth Line	and <u>330</u>) Fe	et From The .	West	Line	
Section 11 Township	22-S		Range	37-	E, N	ирм,		I	.ea	County	
III. DESIGNATION OF TRANS	SPORTEI	R OF OU	L AND N	ATUE	RAL GAS						
Name of Authorized Transporter of Oil	TXI	or Condens	ale r	, 	Address (Giv	e address to w	hich approved	copy of this f	orm is to be se	nı)	
Shell Pipeline Co			L	ر					7700		
			or Dry Gas		Address (Giv	e address to wh	hich approved	copy of this f	orm is to be se	nt)	
The state of the s						88, Ho					
Northern Natural							When				
If well produces oil or liquids,	1 Of 11quillati				is gas actually connected? Wh			п			
give location of tanks.	171	//		<u>-37</u>	//						
If this production is commingled with that f	rom any othe	er lease or p	ool, give co	enmingli.	ng order num	ber:				 .	
IV. COMPLETION DATA								1			
		Oil Well	Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	· (X)	1				<u> </u>		l,	<u>l</u> _	┸	
Date Spudded	Date Comp	l. Ready to	Prod.		Total Depth			P.B.T.D.			
•								<u> </u>			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations	L							Depth Casin	ng Shoe		
	7	TIRING	CASING	AND	CEMENT1	NG RECOR	ND.				
LIOLE BIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEM	ENT	
HOLE SIZE	CASING & TOBING SIZE										
	 										
	 							 			
	ļ					<u></u>					
	E FOR A	11007	11 12 -		<u> </u>						
V. TEST DATA AND REQUES	T FOR A	LLUWA	ABLE			,	laanahta Camahi	is damik on he	for full 24 hou	me 1	
OIL WELL (Test must be after r			of load oil a	nd must	be equal to of	ethod (Flow, p	cwable for the	etc.	jor just 24 1102	""	
Date First New Oil Run To Tank	Date of Tes	st.			Producing M	ethod (riow, p	ump, gas iyi,	eic./			
								Choke Size			
Length of Test	est Tubing Pressure				Casing Press	ure		CHOKE SIZE	•		
	<u></u>							Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
_								<u></u>			
									•		
GAS WELL		e*::			16U2 C-22	neale/MAJCE		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Clarity of Contonne			
								Choke Size			
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choice Size	•		
							<u> </u>				
VI OPED ATOP CEPTIEIC	ATF OF	COMP	LIANC	E		OII 66.		ATION	DIVIO	281	
VI. OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION APR 1 4 1989					
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above								$\nabla b R T$	4 1383		
is true and complete to the best of my knowledge and belief.					11			M 11 -	_ ,		
	′				Dali	e Approve	5u				
Khanda (Sunta)							COLOINIAI	CIGAIED D	Y JERRY SE	XTON	
- 1 16 16 16 16 16 16 16 16 16 16 16 16 1					∥ By_		UKIGINAL	PURT FAIR	DEDVICTO		
Signature Rhonda Hunter	P	roduc	tion	Asst			DIS	IKICI ! SU	PERVISOR		
Printed Name			Title		Title			+ 1			
4/2-89		915-6	84-66	31	''''	·					
Date	*************		phone No.		11					e in the second	

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.