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

Revised 4-4-07 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

I.	TC	TRAI	NSPO	RT OIL	AND NATURAL G	ias	Well Al				
Operator ,							Well A	1 140.			
John H. Hendrix Con	poration										
Addr 223 W. Wall, Suite	525										
Midland, TX 79701 Reason(s) for Filing (Check proper box)	·				Other (Please exp	lain)					
New Well		hange in			Effect	ive	5/3	L/91			
Recompletion	Oil	Oil Dry Gas Casinghead Gas Condensale									
Change in Operator	Casinghead (Jas 📗	Condens	ile [_]							
If change of operator give name and address of previous operator			· · ·				<u> </u>		·		
	ANDITAS	17			•						
II. DESCRIPTION OF WELI	ng Formation		Kind o			ase No.					
Hinton		3	Tubb	0il	and Gas			le, l'ederal or l'ee			
Location					1,						
Unit Letter N	. 66	0	Feet From	n Th SQ I	uth_Line and19	980	Fc	t From The _	West	Line	
	220		_	276	AMATTA (Lea	County	
Section 12 Towns	hip 225		Range	3/E	, NMPM,						
III. DESIGNATION OF TRA	NSPORTER	OF OI	L AND	NATU	RAL GAS						
Name of Authorized Transporter of Oil	C L OK LEIK	r Condens	sate r		Address (Give address to	which of	pproved	copy of this fo	orm is to be se	nt)	
Name of Authorized Transporter of Cas	as X	Address (Give address to which approved copy of this form is to be sent)									
El Paso Natural Gas Co.					Box 1492, El Paso, TX 7						
If well produces oil or liquids, give location of tanks.	Unit N S	°°12	225	37E .	Is gas actually confected?		, when	April	1955		
If this production is commingled with th	t from any other	lease or t	pool, give	commingi	ing order number:						
IV. COMPLETION DATA	at Hom any outer								·		
		Oil Well	G	as Well	New Well Workover	D	еереп	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion			l		Total Depth	l		r.p.T.D.	L		
Date Spudded	Date Compl. Ready to Prod.				Total Debut			1.8.1.0.			
The state of the s	Name of Pro	Name of Producing Formation			Top Oil/Gas Fay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation											
l'erforations				· 				Depth Casir	ig Shoe		
								<u> </u>			
					CEMENTING RECORD			SACKS CEMENT			
HOLE SIZE	CASI	CASING & TUBING SIZE			DEPTH SET			Brone Cement			
				 							
`								<u> </u>			
V. TEST DATA AND REQU	EST FOR A	LOW	ABLE				المسام والما	. Jameh ar he	Car Gull 24 hou	I	
OIL WELL (Test must be after	r recovery of told	il volume	of load o	il and must	be equal to or exceed top a	numn. 1	e jor inc	ic.)	JOF JUIT 24 1104	73.7	
Date First New Oil Run To Tank	Date of Test				Troducing Product (1	, ,	,				
Length of Test	Tubing Press	ure	<u> </u>		Casing Pressure			Choke Size			
Length of Tex	Tuoming 11	Tuoning Francisco						Gas- MCF			
Actual Prod. During Test	Oil - Dbls.				Water - Bbls.			Gas- MCF			
					<u></u>			<u> </u>			
GAS WELL					1801 20 1 200 4 11 120			186010 6	Contensate		
Actual Prod. Test - MCIVD	Length of To	est			Ibbls. Condensate/MMCF			Gravity of Condensate			
	105000	nine 75hiii	i-in)		Casing Pressure (Shut-in)			Choke Size			
lesting Method (pitot, back pr.)	g Method (pitot, back pr.) Tubing Pressure (Shut-in)					, , ,					
VI. OPERATOR CERTIF.	CATE OF	COM	ואווי	CE				ATION	חוויוייי	281	
I hareby certify that the rules and re-	pulations of the C	Jil Conser	rvation		OIL CC	JNSI	≞HV.		DIVISIO		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					JUN 0 5 19 91						
is true and complete to the best of n	ny katowiedge and	s belief.			Date Approv	ved -					
The date	L. K.								garan en en en en		
Thorde Dunke					By ORIG	INAL	SIGNE	n er midi	00000000000000000000000000000000000000		
Flionda Hunter Prod. Asst.					- 11						
Drinted Name			Title		Title				<u></u>		
-6-3 9/	915-684-		ephone N	0.							

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 fitled 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.

RECEIVE

JUN 04 1991

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