bmit 5 Copies prtopriate District Office ISTRICT I O. Box 1980, Hobbs, NM 88240

ISTRICE II O. Drawer DD, Anesia, NM 88210

Energy Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

X) Rio Brazos Rd., Aztec, NM 87410	REQUEST	FOR ALLC	WAB	LE AND A	UTHORIZ	MOITA				
	тот	RANSPOR	1 OIL	AND NA	UHAL GA	S Well A	AJil No.			
perator ,	ation					1			•	
John H. Hendrix Cor dr&£3 W. Wall, Suite	525									
Midland, TX 79701	323									
eason(s) for Filing (Check proper box)				Othe	t (l'lease explai	in)				
w Well	Chang	ge in Transporter	of:							
ecompletion	Oil	Dry Gas								
nange in Operator	Casinghead Gas	Condensate			EFFECT	IVE J	ANUARY	1, 1990)	
hange of operator give name l address of previous operator	. '.					<u> </u>	· · · · · · · · · · · · · · · · · · ·		•••	
DESCRIPTION OF WELL	AND LEASE					- 1 :		1 .	ase No.	
ase Name	Well	No. Pool Name	, Includi	ng Formation		Kind State	of Lease FEI Federal or Fee		#8C 1./O"	
Parks "A"		Bline	ebry	<u> 0il & </u>	Gas			l		
cation Unit Letter P	: 660	Feet From	The <u>_S</u>	outh Line	and66(j F	eet From The	_East_	Line	
Section 14 Townsh	ip 22-S	Range 37	7-Е	, NN	лем,	·—···		Lea	County	
I. DESIGNATION OF TRAI	NSPORTER OF	OIL AND I	HTAN	RAL GAS						
ame of Authorized Transporter of Oil		ndensate [-	1	Address (Give	e address to wh	ich approved	d copy of this fo	orm is to be se	nt)	
Texas New Mexico	1×1			Box 2528, Hobbs, Ne						
ame of Authorized Transporter of Casinghead Gas or Dry Gas				Address (Give address to which approved copy of this form is to be sent)						
John H. Hendrix (1	Wall,					
well produces oil or liquids,	Unit Sec.	Twp.	Rge.	ls gas actually		When	17			
e location of tanks.	P 14		37E	J	es	L	1-19-8			
his production is commingled with that COMPLETION DATA	from any other leas	e or pool, give co	muningl	ing order numb	er:		<u> </u>	PC-752		
Designate Type of Completion		Well Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
ate Spudded	Date Compl. Read	dy to Prod.		Total Depth	<u> </u>		P.B.T.D.			
evations (DF. RKR. RT. GR. etc.)	(DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Cas Pay			Tubing Depth			
							Depth Casing Shoe			
riorations				•			Depui Casin	R ottoe		
	TURB	VG CASING	AND	CEMENTI	NG RECOR	D		 		
LIOLE BIZE		TUBING, CASING AND			DEPTH SET			SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE			DET ITI SET						
	_									
	-									
	-						1			
TEST DATA AND REQUE	ST FOR ALLO	WABLE								
L WELL (Test must be after	recovery of total vol	wne of load oil a	nd must	be equal to or	exceed top allo	wable for th	is depth or be j	for full 24 hour	s.)	
tle First New Oil Run To Tank	Date of Test			Producing Me	thod (Flow, pw	mp, gas lift,	elc.)			
							- 1 -2			
ngth of Test	Tubing Pressure			Casing Pressure			Choke Size			
tual Frod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
AS WELL				l						
itual Prod. Test - MCI/D	Length of Test			Bbls. Condensale/MMCF			Gravity of Condensate			
ting Method (pitot, back pr.)	Tubing Pressure (Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
L ODED ATTOR CERTIFIC	TATE OF CO	MDI IANCI		<u> </u>			_1			
I. OPERATOR CERTIFIC			نا	(DIL CON	SERV	ATION	DIVISIO	N	
I hereby certify that the rules and regu Division have been complied with and	nations of the Oil Co Lithat the information	mservation oliven above		1		• •				
is true and complete to the best of my				n.	A	.1	Part of the second	0 6 199	1 U	
(m		,		Date	Approved	J		 		

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

Signature

Date

Rlionda_llunter

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

Tille

INAL SIGNED BY JERRY SEXYO DISTRICT I CUPERVITOR

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

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.