Submit 3 Conve Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbe, NM 88240	State of New Mexico Form C-104 Form C-104 Form C-104 Revised 1-1-1							ed 1-1-89	ī		
DISTRICT II P.O. Drawer DD, Anesia, NM 88210	OIL CONSERVATION DIVISION at Bottom of Page										
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 874		Sa		v Mexico 87	504-208 <b>8</b>						
I.	REQI	JEST F					4				
Operator JOHN H. HENDRIX COR	PORATION		ANSPORT	OIL AND N	ATURAL C	We	I API Na		<del></del>	_	
223 WEST WALL, SUIT			TEVAC	70701		30	-025-246	57 80 29	4 /	_	
Kenson(s) for Filing (Check proper ba	x)	DEAND,	TEAAS	79701	ther (Please exp	1.1.1			·····		
New Well	Oil	Change in	Transporter of: Dry Gas			Kain)					
Change in Operator	Casinghea		Condensate		_						
and address of previous operator			ANY, P. (	D. BOX 288	O, DALLAS	S, TEXA	S 75221-	-2880			
II. DESCRIPTION OF WEL	L AND LEA		Pool Name Inc	luding Formation				FEDE			
ELLIOTT "B" 15		1	DRINKAR	D	<b>-</b>		of Lease Federal or Fe		<b>.ease No.</b> 57257		
Unit LetterB	. 660		Feet From The	NORTH L		80 .		EAST		1	
Section 15 Towns	<sub>hip</sub> 22-S		Range 37	F		LEA	eet From The _	<u>, LY31</u>	Line		
III. DESIGNATION OF TRA	NSPORTER	OF OI	L AND NAT						County	_	
Name of Authorized Transporter of Oil SHELL PIPELINE COMPA		or Condens	•••	Address (Gi	1509, MI	hick approve	t copy of this for		ent)	٦	
Name of Authorized Transporter of Case TEXACOAPRODUCENCE, IN	inghead Gas		or Dry Gas	Address (Gi	we address to will				ent)	4	
If well produces oil or liquide, give location of tanks.	Unit 1		Twp.   R	ge. Is gas actual	J109, MI	ULAND,	TEXAS /	9702		-   ·	
If this production is commingled with the	B from any other	15 1	22-51 37-	EI V	150			1-48			
COM ELIION DATA	- <u></u>	Oil Well							··	-	
Designate Type of Completion	<u>- (X)</u>		Gas Well	1	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	]	
	Date Compl.	-		Total Depth			P.B.T.D.		_l	1	
	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth				
Perforations							Depth Casing Shoe				
HOLE SIZE	TU	BING, C	ASING ANI	CEMENTIN	G RECORD	)	1				
	CASIN	IG & TUBI	NG SIZE		DEPTH SET		SACKS CEMENT				
V. TEST DATA AND REQUES	T FOR ALL	011/1 0	· · · · · · · · · · · · · · · · · · ·		<u> </u>						
OIL WELL, (Test must be after r Date First New Oil Run To Tank	ecovery of Iolal	LUWAB	LE oad oil and mus	it be equal to or e	xceed ion allow	able for this	danth an ha f	<i></i>	I		
	Date of Test			Producing Met	hod (Fiow, pum	p. gas lift, etc	)	jui 24 hours	.,		
Length of Test	Tubing Pressur	c		Casing Pressur	8		Choke Size				
Actual Prod. During Test	Oil - Bbls.	····		Bbis			Gas- MCF				
GAS WELL	L										
Actual Prod. Test - MCF/D	Leagth of Test			Bbls densa	w/MMCF		Gravity of Cond	entaic			
esting Method (pilot, back pr.)	Tubing Pressure	(Shut-in)		Casing Produce	(Shut-in)		hoke Size				
A. OPERATOR CERTIFICA	TEOECO					[	LICKE SIZE				
Division have been complied with and the	CONSERVATION DIVISION										
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.											
Khondu du	Date Approved										
Signature ALLANTER PRod. Asst.				By By By By							
<u>4-10-92</u> <u>915-684-663</u>					Title						
		Telephone	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 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.

Schemic F Charles	
Subtait 5 Copies	
Appropriate District Office	
Appropriate District Office	

Box	Hobbe,	NM	88240

DISTRICT II P.O. Drawer DD, Artenia, NM 88210 DISTRICT III 1000 Rio Brazes Rd., Azzec, NM 87410

## State of New Mexico Energy, Minerals and Natural Resources Department

## **OIL CONSERVATION DIVISION** P.O. Box 2088

Santa Fe, New Mexico 87504-2088

## **REQUEST FOR ALLOWABLE AND AUTHORIZATION** TO TRANSPORT OIL AND NATURAL GAS

ľ	T	O TRAN	SPO	RT OIL	AND NAT	<b>URAL GA</b>			<u></u>		
Operator							Well A				
Oryx Energy Company						30-025-10294					
Address											
P. O. Box 1861, Midla	nd, Tex	<u>as 7970</u>	)2			- (DI					
Reason(s) for Filing (Check proper box) New Well	~	hange in Tr		an afa		t (Please explai	n)				
Recompletion	Oil		ry Gas								
Change in Operator	Casinghead	_	ondens	_						1	
If change of operator give name					ation Co		Por 19	41 Mid1	and Tor		
and address of previous operator	Sun Exp	loratio	on a	Produc	ction Lo	., P. U.	BOX 10	51, MIGI	and, les	cas 79702	
IL DESCRIPTION OF WELL	AND LEAS	SE				•			Feder	al	
Lease Name	1	Well No. P	ool Na	me, Includir				f Lesse		ase No.	
Elliott "B" 15		1	Dri	inkard			State,	Federal or Fee	NM557	257	
Location									•		
Unit LetterB	:660	F	ieet Fro	a The <u>N</u>	orth Line	and	Fe	et From The	<u>East</u>	Line	
		-								_	
Section 15 Township	<u>22-9</u>	<u>S R</u>	lange_	<u> </u>	, NN	<b>IPM,</b> Le	<u>a</u>			County	
III. DESIGNATION OF TRAN	SPODTED		A NIT	NA 111 11	DAT CAS						
Name of Authorized Transporter of Oil		or Condensat				e address to wh	ich approved	copy of this fo	orm is to be set	 n()	
Shell Pipeline Co.	Ţ,		۰ L			Box 1509	••				
Name of Authorized Transporter of Casing	head Gas		r Dry C			e address to wh					
Texaco Producing Inc.			-			Box 3109	• -				
If well produces oil or liquids,	Unit :	Sec. T	wibr	Rge.	Is gas actually		When				
give location of tanks.	<u>B</u>		<u>225</u>	<u>37E</u>	Yes			10-11-48	3	<u></u> _,	
If this production is commingled with that if IV. COMPLETION DATA	from any othe	r lease or po	ol, give	e commingli	ing order numb	xer:			<u>_</u>		
IV. COMPLETION DATA										b:mp.i	
Designate Type of Completion	- (X)	Oil Well 		as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi	. Ready to P	 `rod_	×	Total Depth	L,	L	P.B.T.D.	I	1	
	· ·							r.b.1.2.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Form	nation		Top Oil/Gas 1	Pay		Tubing Dep	th		
Perforations					-			Depth Casin	g Shoe		
	_						·				
	· · · · · · · · · · · · · · · · · · ·				CEMENTI	NG RECOR	D	·		<u>.                                    </u>	
HOLE SIZE		ING & TUB	BINGS	IZE		DEPTH SET	·····	SACKS CEMENT			
	<u> </u>					<u> </u>		<u> </u>			
								<u> </u>			
	<u> </u>		········								
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		L			. <u>L</u>			
OIL WELL (Test must be after r	ecovery of tot	al volume of	f load o	il and must	be equal to or	exceed top allo	wable for thi	s depth or be j	for full 24 hour	rs.)	
Date First New Oil Run To Tank	Date of Test	t			Producing Me	ethod (Fiow, pu	mp, gas lift, i	uc.)			
Length of Test	Tubing Pres	sure			Casing Pressure			Choke Size			
Actual Prod. During Test					Water - Bbls			Gas-MCF	·· ······		
Actual Prod. During Test	Oil - Bbls.				WHEI - BOIK			Uas- MCr			
					<u> </u>			L			
GAS WELL Actual Prod. Test - MCF/D	1			. <u>.</u>				10			
Actual Prod. Test - MCP/D	Length of T	est			Bbls. Conden	ISER/MMCP		Gravity of G	Condensate		
Testing Method (pitol, back pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size					
reading Michael (public, ouch prij	Tuong The		,					Choice Size			
VI. OPERATOR CERTIFIC			TAN		1		·	4		<u></u>	
				CE		DIL CON	<b>ISERV</b>	ATION	DIVISIC	)N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above											
is true and complete to the best of my knowledge and belief.					Date Approved JUN 1 9 1989						
$M \cdot \mathcal{P} \mathcal{P}$						: Ahhima	u	<u> </u>		<u> </u>	
1 Maria L. Teles						<b>A</b>			JERRY SEX		
Signature					By_		DIST	ICT I SUPE	JEKKY SAX	ION	
<u>Maria L. Perez</u>	<u> </u>		unta	int							
4-25-89	. 01		Tille		Title						
<u>4-23-89</u> Date		<u>5-688-0</u> Telepi	13/5 hone N	0.							
					11						

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RECEIVED

MAY 1 2 1989 OCD HOBRS OFFICE