State of New Mexico Energy, Minerals and Natural Resources Dep....ment Revised 1-1-89

DISTRICT I

'DISTRICT II

P.O. Box 1980, Hobbs, NM 88240

P.O. Drawer DD, Artesia, NM 88210

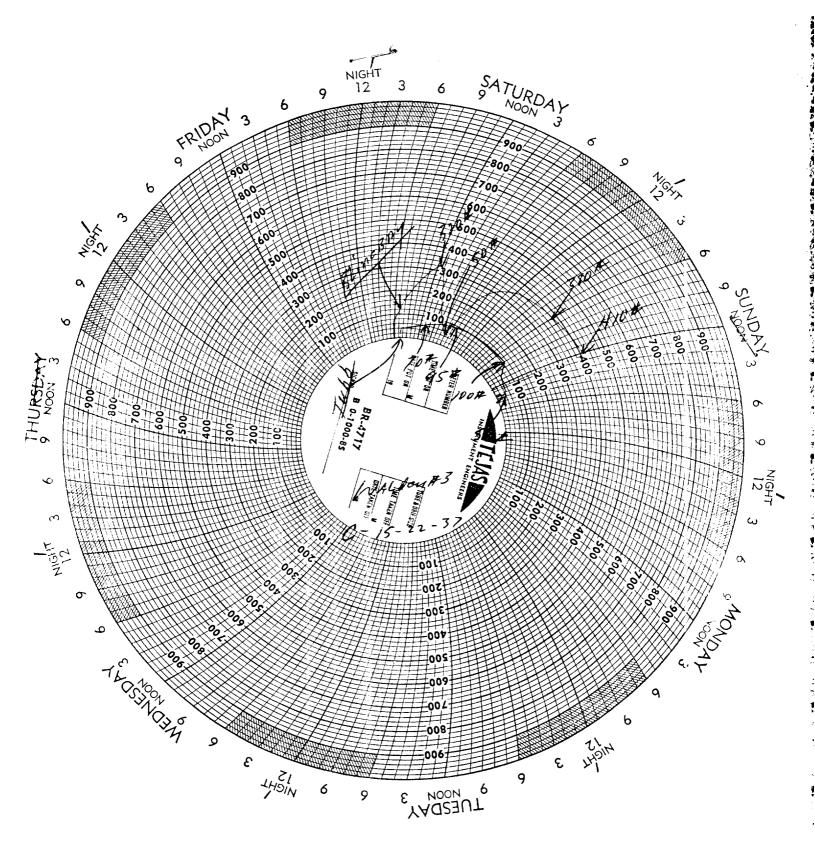
SIDE

INSTRUCTIONS ON REVERSE

## SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

OIL CONSERVATION DIVISION	SIDE			
P.O. Box 2088 Santa Fe, New Mexico 87504-2088	This form is not to be used for reporting packer leakage tests in Northwest New Mexico			

Location	John H. Her	ndrix Corpor	ration	ease V Walden		Well No.		
of Well	C	15		1 Rge 37	County	Lea		
Upper	Name of Rese	ervoir or Pool	Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Tbg. or Csg)	Choke Size		
Compl Lower	Blinebry	linebny		FLow	Cag	20/64		
Compl	Tuhh	<del>-</del>	0i/	Flow	The			
_/				EST NO. 1	8			
Both zon	nes shut-in at (hour, d	late):6:00 AM	7/17/93					
Well ope	ened at (hour, date):_	12:00 PM	7/17/93		Upper Completion	Lower		
Indicate by (X) the zone producing					_	Completion		
						70		
						<del></del>		
				•••••		no		
						<u>        95                            </u>		
	_			·····		<u>          95                          </u>		
				••••••		<del>95</del>		
				••••••	270			
	sure change an increa				Decrease	Increase		
Oil Produ	ed at (hour, date):	6:00 PM 7/1;		Total Time On Production	6 hours			
During Test: 2 bbls; Grav. 42 Gas Production  During Test: //0					MCF; GOR 220,000			
Remarks_								
Well opened at (hour, date): 6:00 AM 7/18/93  Indicate by (X) the zone producing.					Upper Completion			
ressure a	t beginning of test	••••••	*******	•••••	3.80			
tabilized?	? (Yes or No)	•••••••	******					
Stabilized? (Yes or No)				<u></u>	<u>уел</u> 100			
dinimum j	pressure during test	*****************	••••	•••••••••••	380	50		
ressure at	conclusion of test	••••		•	410			
Pressure at conclusion of test  Pressure change during test (Maximum minus Minimum)				20	50			
/as pressu	re change an increas	e.or a decresse?		••••••••••	<del>30</del>	50		
/ell closed	d at (hour, date) / 2	o on a decrease		Total time on		_Дестеале		
				Production	-0-			
emarks_	t:bbls;			<u>20</u> MC	F; GOR <u>20,000</u>			
	no evcaen	ce of commu	nication					
1 nere	CATOR CERTIFICATION CERTIFICAT	rmation contained her	PLIANCE ein is true	OIL CON	SERVATION D	IVISION		
Joh	in H. Hendri	x Corporati	on	Date Approved	SEP 29	1993		
	Jarvin 1	34110.						
Signature  Manvin Bunnows-Production Supt.  Date Approved  By  ORIG					INAL SIGNED BY JER DISTRICT I SUPERV			
Printed	Name	- r koduction	Title	Title				
9-2	7-93	394-2						



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

C. CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DICTRICT III 1000 Rio Utaron Rd., Artec, NM	87410 REQUEST FOR A	ΛΙΙ OWAI	BLE AND	AUTHOR	IZATION			
1.	TO TRANS				AS	저기 원증.		
John II. Hendrix	Corporation		مند	200	Well	ALI No.		
Addicted W. Wall, Su	lte 525							
NIdland, TX 797 Reason(s) for Filing (Check proper				her (l'Iease exp	lain)	· · · · · · · · · · · · · · · · · · ·	·	
New Well	Change in Trans		<u></u>	fective	•	91		
Recompletion	Oil Dry	4>			,,	-		
If change of operator give name	Carlinghead Uar Cond	Jeniale [				<u> </u>		<del></del>
and address of previous operator				-				
II. DESCRIPTION OF W	ELL AND LEASE Well No.   Port	Naue Includi	un Fountles		l kind	of Lease FEE	<del>i i</del>	case No.
E.W. Walden				nd Gas	1 64	, Federal or Fee		×20 110.
Location				. !			I	
Unit LetterC	:_660feet	From The N	lorth Lin	$_{ m c}$ and $-183$	<u>0</u>	cet From The	Wes	t Line
Section 15 To	ownship 22-S Rang	<u>e</u> 3 <u>7</u>	<u>-Е , и</u>	MIM,		Le	<u>:a</u>	County
III. DESIGNATION OF T	RANSPORTER OF OIL AT	ND NATUI	RAL GAS					
Name of Authorized Transporter of		KXK	l .			copy of this form		nt)
Name of Authorized Transporter of	nd Marketing Co. Casinghead Class	y Gar XX	Box	2039, T	ulsa,	OK 74102	<u>}</u>	1
Sid Richardson	Carbon & Gasoline							
If well produces oil or liquids, give location of tanks.	t area trule	1 1,80	IN RAD MCCONTO	, connected i	i when	'	T <del>A</del>	701UZ
(	1 that from any other lease or pool, gi	ive commingli	ng order numb	2 <b>S</b>	IN	A		
IV. COMPLETION DATA		····						
Designate Type of Comple	tion - (X)	Gar Well	New Well	Workover	Deepen	Flug Back Sam	e Res'v	DIT Res'y
Date Spudded	Date Compl. Ready to Prod.		Total Depth		1	F.B.T.D.		.l
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	<u></u> .	Top Oil/Car Pay			e e		
cic carring proporting the form	Traine of Fronteing Formation	'	10p 010 0 41 1	~ <i>,</i>		Fubling Depth		
Perforations						Depth Casing Sho	HB.	
	THIING CASH	NC! AND C	TEMENTAN	Ict buconi				
NOLE SIZE	CASING & TUBING S		D CEMENTING RECORD  DEPTH SET			SACKS CEMENT		
						Onon	O OCITIC	
						v- <del></del>		
V. TEST DATA AND REQU OIL WELL — (Test misst be of								
Date First New Oil Run To Tank	fer recovery of total volume of load of Date of Test	211 and must be	e equal to or e restucing Meti	xceed top allor hod (Flow, puo	vable for this	depth or be for full : )	24 hows.	<i></i>
	,							
length of Test	Tubing Pressure	C	Casing Piessule			Clicke Slze		
Actual Frext, During Test	Oil - Bbls.		Water - Dbix			Use-MCI		
GAS WELL					l			
Netwal Frod. Text - MC17D	Length of Test		III. Condensa	EMMICI:	1	Cravity of Condeni	kate	
sting Method (pitot, back pr.) Tübling Pressure (Shut-in)			Casing Pressure (Shut-In)					
work memor para, back pr.)		,  C	aking Pickmio	(Shut-in)	j	Clioke Slze		
T. OPERATOR CERTIF	 ICATE OF COMPLIAN	CE			<u> </u>			
I hereby certify that the rules and re	gulations of the Oil Conservation		Ol	L CONS	SERVĄ	TION DIVI	SION	1
Division have been complied with a la true and complete to the best of m	ng that the information given above by knowledge and belief.		<b>.</b>			100	5]	
May 1 21			Date /	/pproved				
1661200 Che	ntis		Βv			•		

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

Title

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

Title

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.

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 $-it\mathbf{z}$ 

Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

<u>DISTRICT II</u> P.O. Drawer DD, Anesia, NM 88210

State of New Mexico Energy, 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 TO TRANSPORT OIL AND NATURAL GAS

John H. Hendrix	Corporati	on			Well	API No.			
Address 223 W. Wall, Su									
Midland, Texas	1970T			her (Please expla					
Reason(s) for Filing (Check proper box)  New Well	Channa is	n Transporter of:		ner (Flease expla	шт				
Recompletion	$\nabla$								
Change in Operator	Casinghead Gas				0, 1, 5	_			
I change of operator give name and address of previous operator	Campinate out	j contonica [		<u> </u>					
• •									
II. DESCRIPTION OF WELL		1=			; <del>; ; ; ;</del>	FEE	}:		
Lease Name	i i	Pool Name, Inch		1 6. 4			of Lease No. Federal or Fee		
E.W. Walden	3	Blinebry	y 011 a	nd Gas					
Location Unit Letter C	: 660	Feel From The 1	North 1	ne and <u>183</u>	50 Fe	et From The .	West	Line	
Section 15 Township	22-S	Range 37-1	Ξ	імем,		Le	a	County	
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER OF O			ve address to wh	ich approved	copy of this f	orm is to be se	ent)	
Sun Refining &		1	,	Box 2039	• •			•	
Name of Authorized Transporter of Casing		or Dry Gas XX						nt)	
El Paso Natural	Gas Co.		Box	1492. El	Paso	тх 7	9978		
If well produces oil or liquids, ive location of tanks.	Unit Sec.	Twp. 22 37	1	Box 1492, E1 Paso, Is gas actually connected? When Yes					
this production is commingled with that f V. COMPLETION DATA	rom any other lease or	pool, give commin	gling order nun	nber:					
Designate Type of Completion -	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to	Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
erforations				Depth Casing Sh			g Shoe		
	TURING	CASING ANI	CEMENT	NG RECORT	<u> </u>	ļ		· · · · · · · · · · · · · · · · · · ·	
HOLE SIZE	CASING & TU		CEMENT	DEPTH SET	···		SACKS CEME	= NIT	
TIOLE SIZE	OASING & PC	DING SIZE		DEI III GEV			AONS OLIVIC	-111	
. TEST DATA AND REQUES	T FOR ALLOWA	ABLE					<del></del>		
	covery of total volume		st be equal to or	r exceed top allow	wable for this	depth or be f	or full 24 how	·s.)	
Date First New Oil Run To Tank	Date of Test		Producing M	ethod (Flow, pun	nın, gas lift, e	(c.)			
						,			
ength of Test	Tubing Pressure		Casing Pressure			Choke Size			
octual Prod. During Test	Oil - Bbls.		Water - Bbis	Water - Bbls.			Gas- MCF		
TAC IVEL I			_!			l			
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Conder	isate/MMCF		Gravity of C	ondensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut	in)	Casing Press	Casing Pressure (Shut-in)		Choke Size			
'I. OPERATOR CERTIFICA	ATE OF COMP	LIANCE			CEDV	TION F			
I hereby certify that the rules and regulat Division have been complied with and the				OIL CON	OEM VA	THONE	<b>ΨΙΟΙΝΙ</b> Ο	11/	
is true and complete to the best of my knowledge and belief.			Date Approved						
K1. 1 1/	4			. 1					
Simular Landa Liu	nico		Bv						
Signature Rhonda Hunter Production Asst.					*				
Printed Name Title  8/6/91 915-684-6631									
Date	I elej	phòne No.							

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