

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Revised 1-1-89

INSTRUCTIONS ON REVERSE
SIDE

This form is not to be used for
reporting packer leakage tests in
Northwest New Mexico

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>John H. Hendrix Corp.</u>		Lease <u>Walden</u>		Well No. <u>4</u>	
Location of Well	Unit <u>C</u>	Sec. <u>15</u>	Twp <u>22</u>	Rge <u>37</u>	County <u>Lea</u>
Name of Reservoir or Pool			Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Tbg. or Csg)
Upper Compl. <u>Tubb</u>			<u>Gas</u>	<u>Flow</u>	<u>Csg</u>
Lower Compl. <u>Drinkard</u>			<u>Gas</u>	<u>Flow</u>	<u>Tbg</u>
					Choke Size
					<u>24/64</u>
					<u>24/64</u>

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 6:00 AM 4/30/94

Well opened at (hour, date): 12:00 PM 4/30/94

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>230</u>	<u>160</u>
Stabilized? (Yes or No).....	<u>no</u>	<u>no</u>
Maximum pressure during test.....	<u>230</u>	<u>180</u>
Minimum pressure during test.....	<u>60</u>	<u>160</u>
Pressure at conclusion of test.....	<u>60</u>	<u>180</u>
Pressure change during test (Maximum minus Minimum).....	<u>170</u>	<u>20</u>
Pressure change an increase or a decrease?.....	<u>Decrease</u>	<u>Increase</u>
Well closed at (hour, date): <u>6:00 PM 4/30/94</u>	Total Time On Production <u>6 hours</u>	
Oil Production During Test: <u>2</u> bbls; Grav. <u>42</u>	Gas Production During Test <u>40</u>	MCF; GOR <u>80,000</u>
Remarks <u>No evidence of communication</u>		

FLOW TEST NO. 2

Well opened at (hour, date): 6:00 AM 5/1/94

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>330</u>	<u>390</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>340</u>	<u>390</u>
Minimum pressure during test.....	<u>330</u>	<u>100</u>
Pressure at conclusion of test.....	<u>340</u>	<u>100</u>
Pressure change during test (Maximum minus Minimum).....	<u>10</u>	<u>290</u>
Pressure change an increase or a decrease?.....	<u>Increase</u>	<u>Decrease</u>
Well closed at (hour, date): <u>12:00 PM 5/1/94</u>	Total time on Production <u>6 hours</u>	
Oil Production During Test: <u>2</u> bbls; Grav. <u>42</u>	Gas Production During Test <u>30</u>	MCF; GOR <u>60,000</u>
Remarks <u>No evidence of communication</u>		

OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the information contained herein is true
and completed to the best of my knowledge

John H. Hendrix Corp.

Operator
Marvin Bunnows

Signature
Marvin Bunnows-Production Supt.

Printed Name
Title

-4-94 394-2649

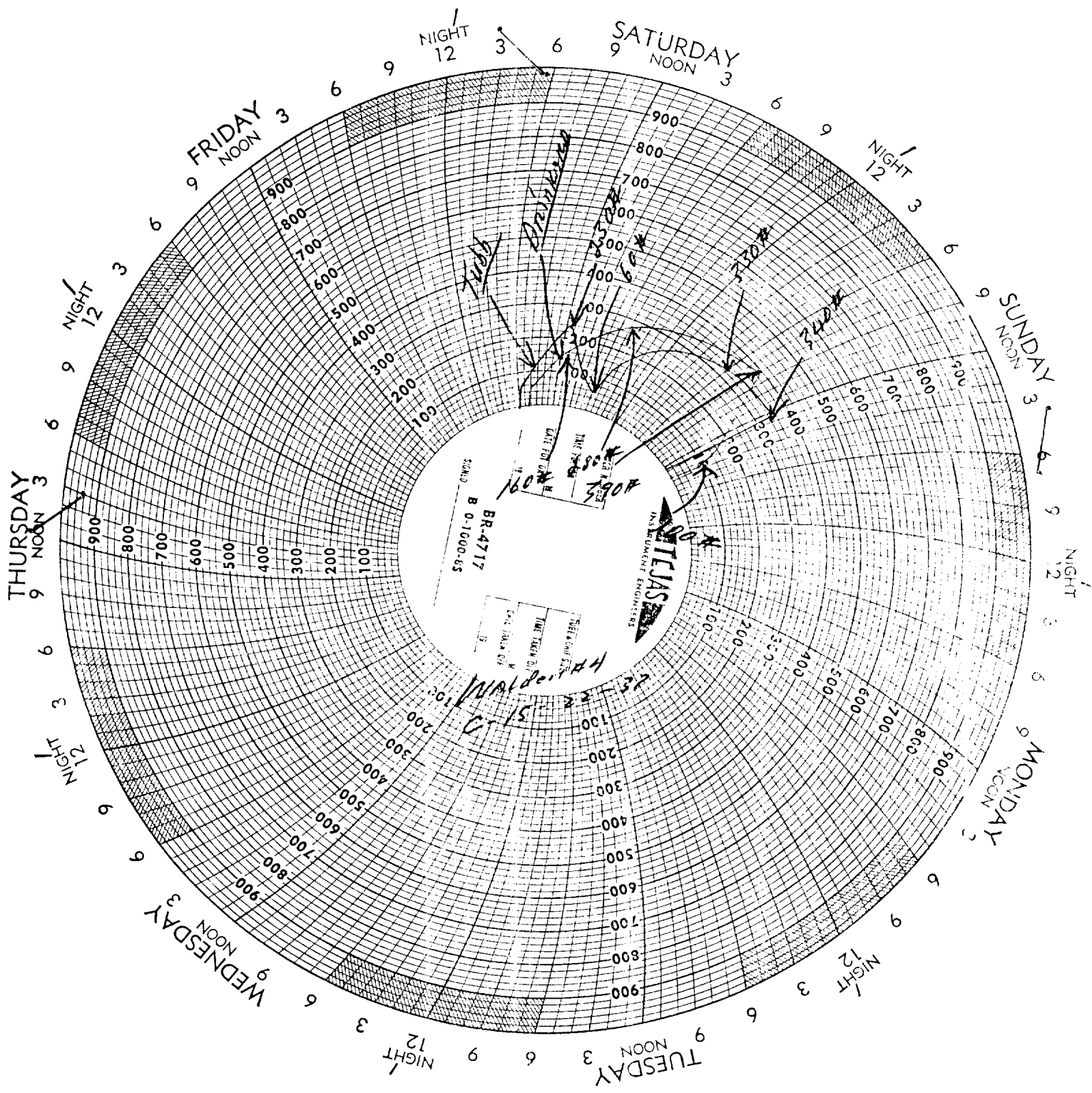
Date
Telephone No.

OIL CONSERVATION DIVISION
MAY 03 1994

Date Approved _____

By _____

Title _____



RECEIVED

10-10-10

100 HOURS
OFFICE

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

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**

I.

Operator John H. Hendrix Corporation	Well APT No.
Address 33 W. Wall, Suite 525 Midland, TX 79701	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change In Transporter of: Effective 11/1/91
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change In Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name E.W. Walden	Well No. 4	Post Name, Including Formation Tubb Oil and Gas	Kind of Lease State, Federal or Fee	FRE	Lease No.
Location					
Unit Letter C	660	Feet From The North Line and 2130	Feet From The West Line		
Section 15	Township 22-S	Range 37-E	NMIM,	Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Sun Refining and Marketing Co.	Box 2039, Tulsa, OK 74102
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Sid Richardson Carbon & Gasoline Co.	201 Main Street, Ft. Worth, TX 76102
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When?
Unit C Sec. 15 Twp. 22 Rge. 37	Yes 12-13-67

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	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		F.B.T.D.			
Elevations (D.F., R.R.B., RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of lost oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

Signature *Rhonda Hunter*
Printed Name **Rhonda Hunter** Prod. Asst.
Title
Date **10-31-91** Telephone No. **915-684-6631**

OIL CONSERVATION DIVISION

Date Approved **NOV 30 1991**
By *Paul Krutz*
Title **Geologist**

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.

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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, 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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator John H. Hendrix Corporation		Well API No.
Address 223 W. Wall, Suite 525 Midland, Texas 79701		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: Effective 8/1/91	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name E.W. Walden	Well No. 4	Pool Name, Including Formation Tubb Oil and Gas	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter C : 660 Feet From The North Line and 2130 Feet From The West Line				
Section 15 Township 22 Range 37-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Sun Refining and Marketing Co.	Box 2039, Tulsa, OK 74102
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	Box 1492, El Paso, TX 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ?
	C 15 22 37 Yes 12-13-67
If this production is commingled with that from any other lease or pool, give commingling order number:	

IV. COMPLETION DATA

Designate Type of Completion - (X)	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		F.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

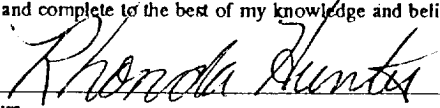
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.


Signature
Rhonda Hunter Prod. Asst.
Printed Name Title
8/6/91 **915-684-6631**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
By _____
Title _____

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