ubmit 3 Copies to appropriate Dist. Office

)perator

State of New Mexico Energy, Minerals and Natural Resources Department

Revised 1-1-89

INSTRUCTIONS ON REVERSE

NSTRICT 1 O. Box 1980, Hobbs, NM 88240

ISTRICT II .O. Drawer DD, Artesia, NM 88210

. John H. Hendrix
coation Unit

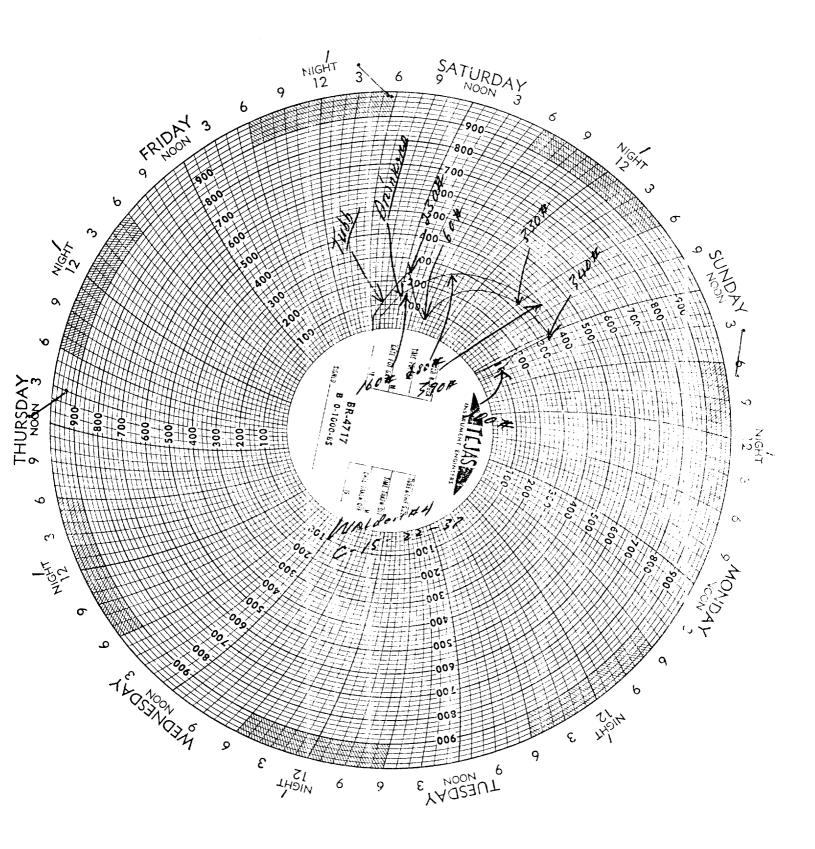
OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

Well No.

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

ocation of Well	Unit	.Sec. 1	Twp 22	Rge	2.7	County	,
Inner	Name of Reservoir		Type of Prod. (Oil or Gas)	Method of Pro Flow, Art Lift		d. Medium g. or Csg)	Choke Size
Jpper Compl Lower	Tubb		Gas	FLow		.1g	24/64
Compl	Drinkard	······································	Gas	FLou		Бд	24/64
(TEST NO. 1			
oth zon	es shut-in at (hour, date):	6:00 AM	1 4/30/94				
	ned at (hour, date):				C	Upper ompletion	Lower ~ Completion
	by (X) the zone producing					X	Completion
	at beginning of test					230	
	? (Yes or No)						
	n pressure during test					no 230	no
	pressure during test					60	
	at conclusion of test					60	
	change during test (Maxin					170	20
	ure change an increase or			Total Time		ease	<u>Increase</u>
l Produc	ed at (hour, date): 6:0		0 2 1 1	Production_		hours	· · · · · · · · · · · · · · · · · · ·
	st: ½ bbls; Gra		During Test	40	MC	F; GOR	80,000
marks_	No evidence of	<u>l communic</u>	cation				
:ll open	ed at (hour, date):	5:00 AM 5	FLOW T	EST NO. 2		Upper	Lower
	(X) the zone produc				Co:	mpletion	Completion
	beginning of test					220	X
						330	390
	(Yes or No)					yes	ye1
	pressure during test						390
	conclusion of test					330	/00
	conclusion of test					340	
	ange during test (Maximu					10	290
	re change an increase or a			Total time on	<u>Incr</u>	ease_	Decrease
roducti			Gos Production	Production	6 hour	4	
ng Test	$\frac{1}{2}$ bbls; Gra	v. <u>42</u> ;	During Test	30	MCF; GOR_	60,00	00
arks	No evidence o	l communic	cation				
OPER.	ATOR CERTIFICAT	E OF COMP	IANCE	· · · · · · · · · · · · · · · · · · ·			
1 neret	by certify that the information impleted to the best of my k	on contained hereis	a is true	OILCC	DNSERVA	TION DI	VISION
	H. Hendrix Col			_	- MA	Y 08 199	14
Operati		, , ,		Date Approv	44 × 450	A. 1183. D	
Signatu		10wo		Ву	. 1 : 1	Craisor	The state of the s
anvi. Printed	n Bunnows-Prod			Title			- money - Jerosti
<u>-4-9</u>			Гіце 2649				
Date		Talanhona	No.				



RECEIVED

Agricultural Commence

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

California Conservation Division

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICE II 1.0. Drawer DD, Anexix, NM 88210

DISTRICTIN 1000 Rio Urazon Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator					Well	XF1 11 6 ,				
John H. Hendrix	Corporation		مند	- "						
Addiag3 W. Wall, Sul				· · · · · · · · · · · · · · · · · · ·						
Midland, TX 797	01									
Reason(s) for Filling (Check proper			Oil	ict (l'Iraie exp	lain)			*		
New Well	Change In Transporter of	of:	Effective 11/1/91							
Recompletion	Oil Dry Gan	X	LI.	rective	TT/T/	91				
Change In Operator [].	Casinghead Uas Condensate	[7]								
If change of operator give name						·				
and address of previous operator _				-		<u> </u>	<u> </u>			
II. DESCRIPTION OF WE	of L. AND LEAGE							•		
Lease Name	Well No. Fool Manse, I	Include	.a Unimation		1 7	of lease F	HE i	ease No.		
E.W. Walden					P1-1-	State, Federal or Fee				
Location	4 Tubb (JII	and Ga	<u>is</u>			ــــــ			
Unit LetterC	: 660 Feet From 71	he <u>NO</u>	orth Un	e and 21	3.0	cet From The We	est	Line		
7.5										
Section 15 Tox	wnship 22-S Range	37=	EN	MIM,	·	L	ea	County		
THE INCOMESSATIONS OF THE	I I Bimilionia tribuda onto entre a tres a t	A								
Name of Authorized Transporter of C	LANSPORTER OF OIL AND NA									
i .	1					I copy of this form		•		
Sun Refining a	nd Marketing Co.		Box 20	39, Tul	Lsa, 0	K74102 I copy of this form	_			
Name of Authorized Transporter of C	Extinglicad Gar. L. or Dry Gar	(X)	Address Giv	e oddresi to ml	hich opproved	l copy of this form	is to be so	ent)		
Sid Richardson (Carbon & Gasoline Co	L	2.01_Ma	in Stre	et, Ft	. Worth.	ТХ	76102		
If well produces oil or liquids, give location of tanks,	1	w.Rc.	to Kan actività	Connecteur	1 mer	1 7		10102		
<u> </u>		37	Yes			<u>l</u> 2-13-67				
	that from any other lease or pool, give conn	ımloglin	g order numb	er:	······					
IV. COMPLETION DATA				·	· ····			· · · · · · · · · · · · · · · · · · ·		
Designate Type of Complete	ion (Y)	ell	New Well	Workover	Deepen	Flug Back San	ne Res'v	bin kecy		
Date Spaidded			المريدين وجور			! <u></u>		1		
Date Spanded	Date Compl. Ready to Prod.	1'	loal Depth			r.v.t.d.				
Elevations (DF, RKB, R1, GR, etc.)	<u> </u> ;		2511277					•		
Cievations (Dr., RAB, RI, GR., Sic.)	Name of Producing Formation	'	न उद्योगि नृत	a y		Tubing Depth				
l'ciforations										
T CITO ACTOR						Depth Casing Sh	oe .			
						1				
	TUBING, CASING AI	ND C	EMENTIN	G RECORI)					
HOLE SIZE	CASING & TUBING SIZE		{	DEPTH SET		SACI	KS CEME	NT		
1										
V. TEST DATA AND REQU	EST FOR ALLOWABLE	'								
OIL WELL (Test must be after	er recovery of total volume of load oil and n	must be	equal to or e	ceed ton allow	able for this	denth or he for ful	Il 24 hours	. 1		
Date First New Oil Run To Tank	Date of Test			icd (Flow, pun				·/		
]		C,	,	, , , , , ,	• ,				
Length of Test	Tubing Pressure	_ 5	sing Pressure			Clicke Size				
			.,					I		
Actual Prod. During Test	Oil - Bbls.		ater - Dbls.			USE MOT				
	,				1					
GAS WELL					l					
Actual Frod. Text - MC17D										
Nethal 1100, 16st - MC14D	Length of Test	136	is. Condensal	<i>о</i> мист		Cravity of Conden	rate	1		
					į			· · · · · · · · · · · · · · · · · ·		
esting Method (pitot, back pr.)	Tubing Freezure (Sliut-in)	Cai	sing l'iesmie	(Shul-ln)		Choke Size				
	·									
VI. OPERATOR CERTIFIC	CATE OF COMPLIANCE		-					J		
Thereby certify that the rules and reg-	ulations of the Oil Conservation	- 11	01	L CONS	SERVA	TION DIV	10121	J		
 Division have been complied with an 	d that the information given above	- []					.	•		
Is true and complete to the best of my	{}	10 K 0 V 0 W 1591								
41. 1. d.	' 1 ,		Date V	pproved						
MANAXX	14 6									
Signature	· ·		Ву	· · · · · · · · · · · · · · · · · · ·	<u> </u>	ned by				
_Rltonda_Hunter	Prod_Asst				rrell.	autz.				
Printed Name	Title		Tille		u Vojoj	glat.				
Date	915-684-6631		· 100							
	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 with Rule 111.
- 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.

a, 57

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	7	TO TRA	NSPOR	T OII	L AND NA	TURAL C						
Operator				API No.								
John H. Hendrix			n									
Address223 W. Wall, Su		5										
Midland, Texas Reason(s) for Filing (Check proper box)	79701		- · · · · · · · · · · · · · · · · · · ·		[] Oil	ier (Please exp	plain)					
New Well		Change in	Transporter of	of:		Effect:		1/91				
Recompletion	Oil	· D	Dry Gas	[3]		HITTOUC.	200 0/ -	L, J.L				
Change in Operator	Casinghead	I Gas	Condensate									
If change of operator give name and address of previous operator												
• •	ANDIEA	CE										
II. DESCRIPTION OF WELL Lease Name			Pool Name	Includ	ing Formation		V ind	of Lease Fee	- 	ease No.		
E.W. Walden		4	Tubb	Oi	1 and	Gas		e, Federal or Fee		C48C 110.		
Location			I									
Unit LetterC	_ :60	60	Feet From T	he <u>NC</u>	orth Lin	e and <u>21.</u>	30 1	eet From The W	est	Line		
Section 15 Townsh	ip 2 2		Range	37-	-E , N	мрм,			Lea	County		
III. DESIGNATION OF TRAN	SPORTE	OF OI	L AND N	ATU	RAL GAS							
Name of Authorized Transporter of Oil		or Condens			· 	e address to w	vhich approve	d copy of this for	m is to be se	int)		
Sun Refining an	d Marke	eting	Co.		Box	2039,	Tulsa,	OK 74	102			
Name of Authorized Transporter of Casin El Paso Natural	ghead Gas Gas Co		or Dry Gas		Address (Giv	e address to n 1492	vhich approve E1 Pag	ed copy of this form is to be sent) 50, TX 79978				
If well produces oil or liquids,	7		Twp.	Røe.	Is gas actuall			Vhen ?				
give location of tanks.	C	15	22	37	Ye			12-13-6	7			
f this production is commingled with that	from any other	rlease orp	ool, give con	nmingl	ing order num	рег:						
IV. COMPLETION DATA			<u> </u>			·		· · · · · · · · · · · · · · · · · · ·				
Designate Type of Completion	- (X)	Oil Well	Gas W	'ell	New Well	Workover	Deepen	Plug Back S	ame 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 Pay			Tubing Depth				
Perforations	<u> </u>				Depth Casing Shoe							
i citoradona								Depth Casing :	Shoe			
	Tī	IBING. O	CASING A	ND	CEMENTII	NG RECOR	8D					
HOLE SIZE CASING & TUBING SIZE								SACKS CEMENT				
	ļ							-				
. TEST DATA AND REQUES	T FOR AL	LOWA	BLE	1				J				
IL WELL (Test must be after re				l must i	be equal to or	exceed top all	owable for thi	s depih or be for	full 24 how	s.)		
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)							
ength of Test	Tubing Pressure				Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
U	0 20											
GAS WELL								.L				
Actual Prod. Test - MCF/D	Length of Ter	st	· · · · · · · · · · · · · · · · · · ·		Bbls. Condens	ate/MMCF		Gravity of Con-	densate			
			-in)		Casing Pressure (Shut-in)			Choke Size				
esting Method (pitos, back pr.) Tubing Pressure (Shut-in												
	ļ <u></u>				· · · · · · · · · · · · · · · · · · ·							
I. OPERATOR CERTIFICA						II CON	ISERVA	ATION DI	VISIO	N1		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION							
is true and complete to the best of my knowledge and belief.					Date Approved							
The de de L					Date Approved							
- / / Whola Hunts					By							
Signature Rhonda Hunter	р	rod.	Asst.		5,		******					
Printed Name		T	itle	-	Title							
8/6/91	915-6	84 <u>-66</u>	31	-					·			

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