

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator
John H. Hendrix Corporation

Address
223 W. Wall, Suite 525, Midland, Texas 79701

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)
Effective 4/1/87

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>E. W. Walden</u>	Well No. <u>7</u>	Pool Name, including Formation <u>Drinkard</u>	Kind of Lease State, Federal or Fee <u>Patented</u>	Lease No.
Location Unit Letter <u>D</u> : <u>990</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u>				
Line of Section <u>15</u> Township <u>22-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Sun Refining and Marketing</u>	<u>Box 2039, Tulsa, OK 74102</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Texaco Producing Inc.</u>	<u>Box 1137, Eunice, New Mexico 88231</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>Yes</u> When <u>NA</u>
Unit <u>C</u> Sec. <u>15</u> Twp. <u>22</u> Rge. <u>37</u>	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Charles Hunt
(Signature)
Production Assistant
(Title)
March 23, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 25 1987, 19____
BY RIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiple completed wells.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
John H. Hendrix Corporation

Address
525 Midland Tower, Midland, Texas 79701

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) EFFECTIVE 12/1/85
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

☐ Dry Gas
☐ Condensate

If change of ownership give name and address of previous owner: American International Energy Corp. 5701 Woodway, Suite 333, Houston, TX 77057

II. DESCRIPTION OF WELL AND LEASE

Lease Name E.W. Walden	Well No. 7	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee Patented	Lease No.
Location Unit Letter D, 990 Feet From The North Line and 320 Feet From The West Line of Section 15 Township 22-S Range 37-E, NMPM, County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Eunice, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Getty Oil Co. Shell Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 1137, Eunice, New Mexico 88231					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Theresa Hunter
(Signature)
Production Clerk
(Title)
12/16/85
(Date)

OIL CONSERVATION DIVISION

APPROVED **DEC 20 1985**, 19
BY **ORIGINAL SIGNED BY JERRY SEaton**
DISTRICT I SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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P. O. BOX 2088

Form C 104
Revised 12-01-78
Format 08-01-83
Page 1

Name of American International Energy Corporation
 Address 5701 Woodway, Suite 333, Houston, Texas 77057
 Reasons for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Reconnection	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

change of ownership give name _____
address of previous owner Sun Exploration & Production Co. P.O. Box 1861, Midland, TX
DESCRIPTION OF WELL AND LEASE _____ 79702

DESCRIPTION OF WELL AND LEASE

Lessor's Name E.W. Walden		Well No., Prod. Name, Including Formation 7 Drinkard		Kind of Lease State, Federal or Free Patented		Lease No.
Location						
Unit Letter D		990		Feet From The North		Line and 330
				Feet From The		West
Line of Section 15		Township 22-S		Range 37-E		County Lea

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or of Condensate <input type="checkbox"/>		Address (give address to which approved copy of this form is to be sent) Eunice, New Mexico	
Name of Authorized Transporter of Crude Oil <input type="checkbox"/> or of Dry Gas <input type="checkbox"/>		Address (give address to which approved copy of this form is to be sent) Box 1137, Eunice, New Mexico 88231	
Well produces oil or liquids, Location of tanks.	Unit D	Sec. 15	Twp. 22
		Rge. 37	Is gas actually connected? When

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

TE: Complete Parts IV and V on reverse side if necessary.

by certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of knowledge and belief.

Charles H. Hunt
(Signature)

Production Clerk
(Title)

-24-85
(Date)

APPROVED 28 Feb 1975 12

BY WMA, AS USED BY JERRY SEXION

TITLE _____ DIRECT SUPERVISOR _____

This form is to be filled in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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