Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Arteria, 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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I <b>.</b>	TOT	RANSPORT OIL	AND NATURAL GAS	I Well API No.		
Operator		<b>:</b>				
John H. Hendrix	Corporat	ion				
Address 223 W. Wall, Sui	te 525	Midland,	TX 79701			
Reason(s) for Filing (Check proper box)	20 323		Other (Please explain)			
New Well	Chan	ge in Transporter of:	Effec	tive 9/1/91		
Recompletion	Oil	Dry Gas		, ,		
Change in Operator	Casinghead Gas	Condensate				
I change of operator give name	,					
and address of previous operator	ANDIDAGE					
II. DESCRIPTION OF WELL	VAND PEYZE	No. Pool Name, Includi	ng Formation	Kind of LeaseFee	Lease No.	
Lease Name	1	1	Oil and Gas	State, Federal or Fee		
Location	<del></del>	Diment				
Unit LetterI	1980	Feet From The 601	uth_ Line and660	Feet From TheEa	astLine	
Unit Letter					· ·	
Section 23 Townshi	22S	Range 37E	, NMPM,		Lea County	
<del></del> -		most and marri	DAI CAS			
III. DESIGNATION OF TRAN		ondensale	Address (Give address to which a	approved copy of this form is	to be sent)	
Name of Authorized Transporter of Oil	XX	ĹJ	Box 1183. Hous	ton, TX 7725]	-1183	
Scurlock Permian Name of Authorized Transporter of Casing	COPPOLA	or Dry Gas	Address (Give address to which o	approved copy of this form is	to be sent)	
	17,100			Y		
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	is gas actually connected?	When 7		
give location of tanks.	<u> </u>	L	line order number			
If this production is commingled with that	from any other lea	se or pool, give commingi	ling order number.			
IV. COMPLETION DATA		Well . Gas Well	New Well Workover I	Deepen Plug Back Same	Res'v Diff Res'v	
Designate Type of Completion		1	i i	I,L		
Date Spudded	Date Compl. Re	ady to Prod.	Total Depth	P.B.T.D.		
Date Spaces			* A1/A- 1	T. March		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay	Littering Deput	Tubing Depth		
				Depth Casing Sho	e	
Perforations						
	71101	NG CASING AND	CEMENTING RECORD			
VOLE BITE	CASING & TUBING SIZE		DEPTH SET	SACK	SACKS CEMENT	
HOLE SIZE						
	 	AWADI E				
V. TEST DATA AND REQUE	ST FOR ALL	OWADLE	t be equal to or exceed top allowate	ble for this depth or be for ful	11 24 hours.)	
	Date of Test	nune of road on and made	Producing Method (Flow, pump,	gas lift, etc.)		
Date First New Oil Run To Tank	Date of Tex			18 1 65		
Length of Test	Test Tubing Pressure		Casing Pressure	Choke Size	Choke Size	
	_		DI I	Gas- MCF	Gas- MCF	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			
GAS WELL			150 C. J. CARICE	Gravity of Conde	nsale	
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	Charty of Collec	Charley of Concentiante	
	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	Choke Size	Choke Size	
Testing Method (pitot, back pr.)						
	LATE OF C	NADI TANCE			40101	
VI. OPERATOR CERTIFIC	ATE OF CO	JIVITLIAINCE	OIL CONS	ERVATION DIV	VISION	
I hereby certify that the rules and regu Division have been complied with and	navons of the Oil ( I that the informati	on given above			-317	
is true and complete/to the best of my	knowledge and be	lief.	Date Approved		993	
		R				
TRONAL	Hum	ux	By   □	CEXT	ON	
Signature	Pro	d. Asst.		e jakoj k		
Rhonda Hunter Printed Name		Title	Title			
915-684-6631	915-68	4-6631				
Date		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.
- 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.