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

State of New Mexico ergy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TI	O TRANS	SPORT O	IL AND NA	TURAL GA	S				
Operator		Well			. · · · · · · · · · · · · · · · · · · ·					
John H. Hendrix		tion			-55:					
Address 223 W. Wall, Su				-						
Midland, TX 79	701			Oth	er (Please expla	in)				
Reason(s) for Filing (Check proper box) New Well	(Change in Tra	nsporter of:		ioi (i 10-00					
Recompletion	Oil		y Gas							
Change in Operator	Casinghead	Gas 🔲 Co	ndensate 🔲	EFF	ECTIVE 4/	1/89				
f change of operator give name and address of previous operator Casp	en Oil	Inc. 30	O Cresce	ent Court	Suite 1	100 Da	llas. To	xas 75	201	
			<u>M_M_M</u>		,	,	, _			
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including						Kind o	Kind of Lease No.			
Lease Name		inkard-Abo, S.			Federal or Fee					
Gulf Drinkard Location						-				
Unit LetterM	: 660	0 Fe	et From The	South Lin	ne and660	Fe	et From The _	West	Line	
									County	
Section 30 Townshi	ip 22S	Ra	inge 38F	, N	MPM, Lea				County	
III. DESIGNATION OF TRAN	JCDODTEE	OF OIL	AND NAT	IIRAL GAS						
Name of Authorized Transporter of Oil		or Condensale		Address (Gi	ve address to wh	ich approved	copy of this fo	rm is to be se	nt)	
Texas New Mexico Pipeline					Box 2528, Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas [XX] or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					
Northern Natural		2223 Dodge St. 8th Floor, Omaha, NE 68102								
If well produces oil or liquids, give location of tanks.					10 800 000000			/13/76		
If this production is commingled with that	from any othe				nber:		/13//0			
IV. COMPLETION DATA	nom any out		,, g, , , , , , , , , , , , , , , , , ,							
		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		1	<u> </u>	Total Depth	J	<u> </u>	DRTD		_i	
Date Spudded	ate Spudded Date Compl. Ready to Prod.				Total Depui			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation										
Perforations	l						Depth Casin	g Shoe		
				<u>,</u>			<u> </u>			
	TUBING, CASING AND							SACKS CEMENT		
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			SAOKS CEMENT		
							- 			
	1					·				
V. TEST DATA AND REQUE	ST FOR A	LLOWAI	LE					C. C. 11. 24 h		
OIL WELL (Test must be after	recovery of tot	tal volume of	load oil and m	usi be equal to c	or exceed top allowed the modern of the mode	owable for th	is depth or be j	or Jul 24 hou	<i>V5.)</i>	
Date First New Oil Run To Tank	e First New Oil Run To Tank Date of Test					aπφ, 8∞ .y.,	,			
Length of Test	Tubing Pres	ssure		Casing Pres	Casing Pressure			Choke Size		
Lengui or I co	1 doing 1 tooses							Gas- MCF		
Actual Prod. During Test	Oil - Bbls.			Water - Bb	Water - Bbis.			Gas- MCP		
GAS WELL							-18::			
Actual Prod. Test - MCF/D	Length of 7	est		Bbls. Cond	Bbls. Condensate/MMCF			Gravity of Condensate		
	7U. K.	entre (Chia I		Casino Pres	Casing Pressure (Shut-in)			Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Caoing rice	Committee a season of france and					
VI. OPERATOR CERTIFIC	CATE OF	COMP	IANCE							
VI. OPERATOR CERTIFIC I hereby certify that the rules and reg					OIL CO	USERV	ATION	DIVISIO	NC	
Division have been complied with an	d that the infor	mation given	above				ΔPR'	5 198	19	
is true and complete to the best of my	knowledge ar	nd belief.		Dat	te Approve	ed	~! '\			
Thomas IN	hu X								• • •	
AMANIAU X	www			- ∥ By.		RIGINAL S	HONED BY	JERRY SEX	CTON	
Signature Rhonda Hunter	Produc	tion As	sistant	11		DIST	RICT I SUP	ERVISOR	1.1	
Printed Name			litte	Titl	е					
4/2/89 Date	9.1	5-684-6 Telepl	6631 / none No. /	-					1, 1	
₽ati		p.		1.6						

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.