District I PO Bax 1980, Hobbs, NM 88241-1980 District II 811 South First, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 2040 South Pacheco, Santa Fe, NM 87505 I. REOUEST FOR				State of New Mexico sergy, Misserale & Natural Resources Department OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505 ALLOWABLE AND AUTHORIZA				ION	Form C-104 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office 5 Copies MAMENDED REPORT				
			<sup>1</sup> Operator p	ame and Address			mon			' OGRI	D Number		
John H. Hendrix Corporation 110 N. Marienfeld St., Sui				te 400				0	012024 <sup>3</sup> Resson for Filing Code				
Midland, TX 79701				7				7	CH Effective 03/01/98				
*API Number 30-0 25-22634 Penro				'PoolName Dise Skelly Grayburg					* Pool Code 50350				
' Property Code				Property Name						* Well Number			
II. = 10 S		Locatior		t B-15-2			·				7	)	
U or lot no.			Range	Lot.Idn Feet from		the North/South Line		Feet from the	East/W	East/West line County			
Н 15		22S	37E		1650		North		990	Eas	st	Lea	
		Hole Lo		······									
UL or lot no.	L or lot no. Section Township I		Range	nge Lot Idn		Feet from the		outh line	Feet from the	East/W	est line	County	
<sup>12</sup> Lae Code	<sup>U</sup> Produc	ing Method (	Code <sup>14</sup> Gas	Connection Date	u C	-129 Perm	l It Number		C-129 Effective I	Date	" C-12	9 Expiration Date	
F III Oil a	<u> </u>	 				<u></u>							
			" Transporter	porter Name			D	*1 O/G	<sup>20</sup> POD ULSTR Location				
022507			and Addre	Transp.1	inc	107621			<u></u>		and Description		
		.0. Box	60628			1076310		0	Same				
			TX 797		107(220				<u></u>	<u> </u>			
		.0. Box		Prod. Inc.	od. Inc. I		76330 G		Same				
		ulsa, O	lsa, OK 74102										
	n in the second se												
IV. Produ	ced Wa	ter						<u>'</u>	····	·			
- F	OD				:	" POD UL	STR Loca	tion and D	escription				
V Well C	omnlet	ion Data	·										
V. Well Complet <sup>15</sup> Spud Date			Ready Date	" TD		* PBTD		* Perforations		* DHC, DC,MC			
" Hole Size													
1016 5126				<sup>20</sup> Casing & Tubing Size			<sup>10</sup> Depth Set				<sup>34</sup> Sacks	Cement	
·		······					·						
VI. Well Test Data <sup>16</sup> Date New Oil <sup>16</sup> Gas Delivery Date				- <u></u>				· · · · · · · · · · · · · · · · · · ·					
" Choke Size		<sup>26</sup> Gas Delivery Date <sup>47</sup> Oil		" Test Date		" Test Length		" Tbg. Pressure		1	" Csg. Pressure		
				° W	<sup>ci</sup> Water		** Ges		" AOF			" Test Method	
" I hereby certify	y that the rul	es of the Oil	Conservation D	l Division have been	complied					-			
with and that the knowledge and b	infermation elief	given above	is true and com	plete to the best o	f my				NSERVAT				
Signature: /<	(m)	në A	el.	est fire	Approved by: OFICINAL STUDED BY CHRIS WILLIAMS								
Printed name	Ronnie	e H. Wes	stbrook			Title:							
Tule: Vice President					Approval Date:								
				15-684-66									
fif this is a characteristic of France	inge of oper	nator fill in th		nber and name of	the previo	ous operati	or						
Frisço E		perator Sign		167452		Printe	d Name						
L (Kan	fler.	2. /	Int.	Nau II-	S E.	Smith		Co-Manager 3/10/98					
IF THIS IS A AMENDED RE Report all gas Report all oil vi	VOIUMES A	DED REPOI	OF THIS DO	THE BOX LA	C-104	Instructio Bi	compan cordanc	ied by a ● with Ru	tabulation of Je 111. form must be fi ed wells.			ests conducted in	

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A request for allowable for a newly drilled or deepened well must be Fill out only sections I, II, IV, and the operator certifications for

changes of operator, property name, well number - unsporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- Operator's name and address 1.
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- Reason for filing code from the following table: NW New Well RC Recompletion CH Change of Operator (Include the effective date.) AO Add oil/condensate transporter CO Change oil/condensate transporter AG Add gas transporter CG Change gas transporter RT Request for test allowable (Include volume requested) If for any other reason write that reason in this box. 3.
- The API number of this well 4.
- The name of the pool for this completion 5.
- The pool code for this pool 6.
- The property code for this completion 7.
- 8. The property name (well name) for this completion
- The well number for this completion 9.
- The surface location of this completion NOTE: If the 10. United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter.
- The bottom hole location of this completion 11.
- Lease code from the following table: 12.
  - SP
  - Federal State Fee Jicarilla J N U

    - Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: 13. Flowing Pumping or other artificial lift P
- MO/DA/YR that this completion was first connected to a gas transporter 14.
- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this 17. completion
- The gas or oil transporter's OGRID number 18.
- Name and address of the transporter of the product 19.
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- Product code from the following table: Q Qil 21. Ğ Gas
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD If it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhois 29.
- Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well have 30. this well bore.
- 31. Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and bottom

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- Number of sacks of cement used per casing string 34.
- If the following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.
- MO/DA/YR that new oil was first produced 35.
- 36. MO/DA/YR that gas was first produced into a pipeline
- 37. MO/DA/YR that the following test was completed

- Length in hours of the test 38. Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells 39. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells 40. Diameter of the choke used in the test 41. Barrels of oil produced during the test 42. Barrels of water produced during the test 43. 44. MCF of gas produced during the test Gas well calculated absolute open flow in MCF/D 45. The method used to test the well: 46.
  - Flowing Pumping Swabbing S Swabbing If other method please write it in.
- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 47.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 48.