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Appropriate District Office
DISTRICT 1
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. Drawer DD, Artesia, NM 88210	C4		ox 2088	04 2009					
DISTRICT III	Santa	a Fe, New M	exico 6/3	U4-2U00					
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR	R ALLOWAI	BLE AND	AUTHORIZ	ZATION				
I.	TOTRAN	SPORT OIL	AND NA	TURAL GA	\S				
Operator			.			API No. -025-24420			
JOHN H. HENDRIX CORPORATION				1 ;	30-	.023-244	120		
Address	-SUITE 525-M	TDLAND.	тх 797	01					
Reason(s) for Filing (Check proper box)	50111 525 11			ner (Please expla	in)				
New Well	Change in Tr	ansporter of:		•					
Recompletion 🔀	Oil ID								
Change in Operator	Casinghead Gas Co	ondensate							
If change of operator give name and address of previous operator			TH!	S WELL HAS	BEEN PLA	CED IN THE	POOL		
	ANDIRACE	10 10001		HIGNATED BEL FY/THUS OF	OVV. IF Y(TON OD UC	CONCUR	•	
U. DESCRIPTION OF WELL Lease Name	Well No. Po	N-10091 ool Name, Includ				of Lease	L	ease No.	
ANNIE L. CHRISTM	1 . 1	BLINEBE		& Gas	State,	Federal on Fee	>		
Location	30								
Unit LetterI	_ :1980Fe	et From The S	OUTH LI	ne and 660	Fe	et From The _	EAST	Line	
								_	
Section] 7 Townshi	p 22S R	ange 37E		МРМ,	LEA			County	
III. DESIGNATION OF TRAN	ISPORTER OF OIL.	AND NATII	RAL GAS		• 1				
Name of Authorized Transporter of Oil	Or Condensate		Address (Gi	ve address to wh	ich approved	copy of this for	rm is to be se	ent)	
NAVAJO REFINING CO.				P.O. DRAWER 159-ARTESIA, NM 88210					
Name of Authorized Transporter of Casinghead Gas or Dry Gas				Address (Give address to which approved copy of this form is to be sent)					
TEXACO EXPLORA	TION AND PRO	DUCTION	P.O. BOX 1650-TULS						
If well produces oil or liquids,	well produces oil or liquids, Unit Sec. Twp. Rge.			Is gas actually connected? When					
give location of tanks.		22S 37E				2-2-93			
f this production is commingled with that V. COMPLETION DATA	from any other lease or poo	a, give commung	ing order nur	loer.					
TV. COMPLETION DATA	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u>i</u>	Ĺ	<u>i </u>		X		X	
Date Spudded	Date Compl. Ready to Pro	od.	Total Depth			P.B.T.D.			
	12-2-93 .			6697'			6303'		
Elevations (DF, RKB, RT, GR, etc.)	• • •			Top Oil/Gas Pay			Tubing Depth		
3388 GR BLINEBRY				5533'			Depth Casing Shoe		
553°	3-5812					669			
	TUBING, CA	ASING AND	CEMENTI	NG RECORI)	1 00.2	.4		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
	TIVE VIEW								
	NO CHANGE								
	TEOD ALLOWAR	T 12	<u> </u>			<u>L</u>	 		
V. TEST DATA AND REQUES	ecovery of total volume of lo	LL and all and muse	he sound to o	e average top allow	unhle for this	e denth or he fo	r full 24 hour	-e 1	
OIL WELL (Test must be after red) Date First New Oil Run To Tank	Date of Test	oda ou cha musi		ethod (Flow, pur			7 121 24 71000	3.7	
12-2-93	12-2-93		FLOWI		,,,,,	•			
Length of Test	Tubing Pressure	Casing Pressure			Choke Size				
24 HRS.	70#		PACKER			22/64" Gas- MCF			
Actual Prod. During Test	·		Water - Bbls. 91			190			
	12	<u> </u>		1		1 100			
GAS WELL						18 1 18 A	·		
Actual Prod. Test - MCF/D	Length of Test		Bbls. Conder	ISME/MMCF		Gravity of Co	Al Gen sale		
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
esung Method (puot, back pr.)	I doing I reserve (Since-m)		CZ0.128	(5					
U ODER ATOR CERTIFIC	ATE OF COMPLI	ANCE				J			
VI. OPERATOR CERTIFIC. I hereby certify that the rules and regula			(DIL CON	SERV	ATION D	DIVISIO	N	
Division have been complied with and t			1						
is true and complete to the best of my k			Date	Approved	ıDĒ	C 1 4 19	93		
Kami H. l.	Varthank			. , .pp. 0 v c c			 		
	on poor .	 	By_	ORIG	SINAL SIG	NED BY JE	RY SEXT	3≅	
Signature RONNIE H. WESTBROOK VICE-PRES.					DISTRIC	T I SUPERV	/ISOR	KR.	
Printed Name			Title				-		
12-10-93	915-684-663		'''''				······································		
Date	Telepho	ne 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.