Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

Lease Name

State of New Mexico Energy, Minerals and Natural Resources Department

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

Fee

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

Grizzell Deep

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

OIL CONSERVATION DIVISION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30-025-27462 John H. Hendrix Corporation Address Wall, Suite 525, Midland, TX Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: New Well Dry Gas Change of Operator Recompletion Casinghead Gas Condensate \mathbf{k} Change in Operator If change of operator give name and address of previous operator Grace Petroleum Corporation, 6501 N. Broadway, Oklahoma City, OK II. DESCRIPTION OF WELL AND LEASE Kind of Lease Lease No. Well No. Pool Name, Including Formation

Location	Unit Letter	P	:	330	Feet From	m The	South	Line an	d	543	Feet From The	Eas	tLine
	Section	5	Township	22S	Range	37E		NMPI	м,	Lea			County
III. DE	SIGNATI	ON O	F TRANSP	ORTER OF	OIL AND	NATU	RAL GA	S					
	Authorized T				ndensate [Address (Give ac	idress to	which appro	ved copy of this forn	1 is 10 be	sent)
		•	L	_ച ration	L	 	 				Houston,		
CA de last Townston of Control and Con V Or Dry Cas						Address (Give address to which approved copy of this form is to be sent)							

Brunson Fusselman

	L∆N		L		p.	Ω.	Box	1183	1 - He	ouston	TX	77001
The Permian Cor		on	or Dry G									.,
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)											
El Paso Natural		co.			P.	0.	Box	1492	. E	l Pasc	TX.	79978
If well produces oil or liquids,	-	Sec.	Twp.	Rge.	ls gas actua	illy co	onnected?	1	When ?	•		
give location of tanks.	P	5	 22 S	37E	Yes			12/17/	81			
If this production is commingled with that IV. COMPLETION DATA	rom any oth	er lease or	pool, give	commingli	ing order nu	mber:						
Designate Type of Completion	- (X)	Oil Well	G	s Well	New Wel	II V	Vorkover	De	epen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Comp	l. Ready to	Prod.		Total Depti	h				P.B.T.D.		

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
Perforations			Depth Casing Shoe			
	TUBING, CASING AN	ND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test **Tubing Pressure** Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls.

GAS WELL Length of Test Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

VI. OPERATOR 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 above

Date

is true and complete to the best of my knowledge and belief. man Ronnie H. Westbrook Vice-President

Title Printed Name 684-6631 Telephone No. (915)4/23/90

OIL CONSERVATION DIVISION

State, Federal or Fee

APR 2 5 1990 Date Approved

ORIGINAL SIGNED BY JURRY SEXTON DISTRICT I SUPERVISOR Title_

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.

RECEIVED

APR 24 1990

OCD NOBBS OFFICE