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

DISTRICT II P.O. Drawer DD, Artesia, 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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWA	BLE AND AUTHORIZATION	
I. Operator	TO THANSPORT OF	L AND NATURAL GAS	API No.
John H. Hendrix	Corporation		
Address 223 W. Wall, Sui	te 525 Midland	, TX 79701	·
Reason(s) for Filing (Check proper box)		Other (Please explain)	
New Well	Change in Transporter of: Oil XX Dry Gas	Effective	9/1/91
Recompletion Union Change in Operator	Oil XXI Dry Gas Casinghead Gas Condensate		
If change of operator give name	Caragina, to a Company		
and address of previous operator		•	
II. DESCRIPTION OF WELL Leare Name	Wall No Dool Name Includ	ling Formation Kind	of Lease FEE Lease No.
Steeler	2 Langlie M	Mattix Seven Rivers	Federal or Fee
Location		Queen	
Unit Letter	Feet From The SC	outh Line and 990 F	eet From The East Line
Section 19 Township	p 23-S Range 37-	-E , NMPM,	Lea County
III. DESIGNATION OF TRAN	SPORTER OF OIL AND NATU	IRAL GAS	
Name of Authorized Transporter of Oil XX or Condensate Address (Give add		Address (Give address to which approved	
Scurlock Permian Corporation  Name of Authorized Transporter of Casinghead Gas  or Dry Gas		Box 1183, Houston, TX 77251-1183  Address (Give address to which approved copy of this form is to be sent)	
El Paso Nath 9.	is		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	. Is gas actually connected? When	
<del>,</del>	from any other lease or pool, give comming	ling order number:	
IV. COMPLETION DATA			Description of the Parks
Designate Type of Completion	Oil Well Gas Well - (X)	New Well   Workover   Deepen	Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
The new per con	Name of Bradusian Committee	Top OikGas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		ruome Deput
Perforations	4	1	Depth Casing Shoe
	TURING CASING AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUES	T FOR ALLOWABLE	s be equal to or exceed top allowable for the	s depth or be for full 24 hours.)
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift,	etc.)
••		Code Brown	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas- MCF
GAC WELL			
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
ul comp i mon commence	ATE OF COMPLIANCE		
VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation		OIL CONSERVATION DIXINGN	
Division have been complied with and that the information given above			
is true and complete to the best of my knowledge and belief.		Date Approved	
Khadh dunte		By Original signed by Jerry Sexton	
SignatureRhonda_Hunter	Prod. Asst.		SUPERVISOR
Printed Name	Title	Title	
915-684-6631	915-684-6631		

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

SEP 0 3 1991

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