

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

I.

Operator John H. Hendrix Corporation 223 W. Wall, Suite 525		Well API No.
Address Midland, TX 79701		
Reason(s) for Filing (Check proper box)		
<input type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter of:	<input type="checkbox"/> Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	EFFECTIVE 5/1/89
<input checked="" type="checkbox"/> Change in Operator	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	
If change of operator give name and address of previous operator Meridian Oil Inc. 21 Desta Drive, Midland, Texas 79705		

II. DESCRIPTION OF WELL AND LEASE				
Lease Name Eaton SW	Well No. 11	Pool Name, Including Formation Justis-Blinebry	Kind of Lease State, Federal or Fee	Lease No. NMJ-540
Location				
Unit Letter K : 1650 Feet From The South Line and 1750 Feet From The West Line				
Section 12 Township 25-S Range 37-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Texas-New Mexico Pipeline		Box 2528, Hobbs, NM 88240		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Co.		Box 1492, El Paso, TX 79978		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	M	12	25S	37E
Is gas actually connected?		When?		
yes		5-31-71		

IV. COMPLETION DATA

[illegible]

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.)

OIL WELL (Test must be after recovery of total volume of total oil and must be equal to or exceed top and bottom for this depth or be greater than 100,000 bbls.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Khonda Hunter
Signature

Signature Rhonda Hunter

Production Asst

Printed Name _____

Title

Date

Telephone No. _____

Date Approved MAY 10 1989

By _____ ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

Title

4) Separate Form C-104 must be filed for each pool in multiply completed wells.