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## 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

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| I.                                                                                                                                                                                                                                                                        | T                                                | OTRA        | NSPC                       | ORT OIL                                  | AND NATURAL GAS                                                                                       | ( \$17.11 A  | DI Ma                      |                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------|----------------------------|------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------|----------------------------|---------------------|--|
| Operator  JOHN H. HENDR                                                                                                                                                                                                                                                   | ON                                               |             | Well API No.<br>3002520705 |                                          |                                                                                                       |              |                            |                     |  |
| Address 223 W. WALL, SUITE 525, MIDLAND, TEXAS 79701                                                                                                                                                                                                                      |                                                  |             |                            |                                          |                                                                                                       |              |                            |                     |  |
| Reason(s) for Filing (Check proper box)  New Well  Change in Transporter of:  Recompletion  Oil  Dry Gas  Change in Operator  Casinghead Gas  Condensate                                                                                                                  |                                                  |             |                            |                                          |                                                                                                       |              |                            |                     |  |
| If change of operator give name EXXON CORPORATION, P.O. BOX 1600, MIDLAND, TX 79702                                                                                                                                                                                       |                                                  |             |                            |                                          |                                                                                                       |              |                            |                     |  |
| and address of previous operator  II. DESCRIPTION OF WELL AND LEASE                                                                                                                                                                                                       |                                                  |             |                            |                                          |                                                                                                       |              |                            |                     |  |
| Lease Name<br>J. A. E. Knight                                                                                                                                                                                                                                             | Well No.   Pool Name, Includi                    |             |                            |                                          |                                                                                                       |              | of Lease<br>Dédekax de Fee | Lease No.           |  |
| Location Unit Letter M                                                                                                                                                                                                                                                    | : 330                                            |             | Feet Fro                   | om The                                   | South Line and 330                                                                                    | Fe           | et From The                | West Line           |  |
| Section 14 Township 24 South Range 37 Ea                                                                                                                                                                                                                                  |                                                  |             |                            |                                          | St , NMPM, LEA County                                                                                 |              |                            |                     |  |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS                                                                                                                                                                                                                    |                                                  |             |                            |                                          |                                                                                                       |              |                            |                     |  |
| Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)                                                                                                                                              |                                                  |             |                            |                                          |                                                                                                       |              |                            |                     |  |
| Shell Pipeline Company  Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas Company  Or Dry Gas                                                                                                                                                          |                                                  |             |                            |                                          | Box 2648, Houston, TX 77001  Address (Give address to which approved copy of this form is to be sent) |              |                            |                     |  |
| If well produces oil or liquids, give location of tanks.                                                                                                                                                                                                                  | rell produces oil or liquids, Unit Sec. Twp. Rgs |             |                            |                                          | Box 1382, Jal, NM 88252  Is gas actually connected? When? Yes August 2, 1977                          |              |                            | 2 1077              |  |
| If this production is commingled with that f                                                                                                                                                                                                                              |                                                  |             |                            |                                          | 1                                                                                                     | I            | August                     | 2, 17//             |  |
| IV. COMPLETION DATA                                                                                                                                                                                                                                                       |                                                  | Oil Well    |                            | as Well                                  | New Well   Workover   D                                                                               | eepen        | Plug Back   San            | ne Res'v Diff Res'v |  |
| Designate Type of Completion -                                                                                                                                                                                                                                            | <u> </u>                                         |             | i                          | 45 11011                                 | i i                                                                                                   |              | Ting Back  Sain            |                     |  |
| Date Spudded                                                                                                                                                                                                                                                              | Date Compl. Ready to Prod.                       |             |                            |                                          | Total Depth                                                                                           |              | P.B.T.D.                   |                     |  |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formatic                                                                                                                                                                                                             |                                                  |             |                            | · · · · · · · · · · · · · · · · · · ·    | Top Oil/Gas Pay                                                                                       |              | Tubing Depth               |                     |  |
| Perforations                                                                                                                                                                                                                                                              |                                                  |             |                            |                                          | Depth Casing Shoe                                                                                     |              |                            |                     |  |
| TUBING, CASING AND                                                                                                                                                                                                                                                        |                                                  |             |                            |                                          | CEMENTING RECORD                                                                                      |              |                            |                     |  |
| HOLE SIZE                                                                                                                                                                                                                                                                 | CASING & TUBING SIZE                             |             |                            |                                          | DEPTH SET                                                                                             |              | SACKS CEMENT               |                     |  |
|                                                                                                                                                                                                                                                                           |                                                  |             |                            |                                          |                                                                                                       |              |                            |                     |  |
|                                                                                                                                                                                                                                                                           |                                                  |             |                            |                                          |                                                                                                       |              | ~                          |                     |  |
| V. TEST DATA AND REQUES OIL WELL (Test must be after re                                                                                                                                                                                                                   |                                                  |             |                            | il and must                              | he equal to an exceed top allowable                                                                   | e for this   | denth or he for fi         | ill 24 hours        |  |
| OIL WELL (Test must be after recovery of total volume of load oil and must  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                   |                     |  |
| GAS WELL                                                                                                                                                                                                                                                                  |                                                  | <del></del> |                            |                                          |                                                                                                       |              |                            |                     |  |
| Actual Prod. Test - MCF/D Length of Test                                                                                                                                                                                                                                  |                                                  |             |                            |                                          | Bbls. Condensate/MMCF                                                                                 | <del>,</del> | Gravity of Condensate      |                     |  |
| Testing Method (pitot, back pr.)                                                                                                                                                                                                                                          | Tubing Pressure (Shut-in)                        |             |                            |                                          | Casing Pressure (Shut-in)                                                                             |              | Choke Size                 |                     |  |
| 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 is true and complete to the best of my knowledge and belief.  Signature  Signature |                                                  |             |                            | OIL CONSERVATION DIVISION  Date Approved |                                                                                                       |              |                            |                     |  |
| Printed Name 915-684-6631                                                                                                                                                                                                                                                 |                                                  |             |                            |                                          | Title                                                                                                 |              |                            |                     |  |
| Date                                                                                                                                                                                                                                                                      | hone 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.