Submit 5 Copies
Appropriate District Office
DISTRICT I
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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

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

1000 Rio Brazos Rd., Azzec, NM 87410 I.						AUTHORIZ				
Operator	TO TRANSPORT OIL AND NATURAL O HENDRIX CORPORATION						Well API No. 30025 26195			
Address 223 W. WALL,	SUITE 5	25. M	IDLAN	D. TEX	AS 797	01				
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator		hange in		ter of:		er (Please expla	in)			
Character Charac	XON CORP				X 1600,	MIDLAND,	TX	79702		
II. DESCRIPTION OF WELL	AND LEAS	SE .								
Lease Name 'New Mexico "AB" State					ng Formation -Upper Y	eso		of Lease Procession Rec	B-93	ase No.
Location Unit Letter A	:660	·	Feet From	m The No	orth Line	and 660	Fe	et From The	East	Line
Section 16 Township 24 South Range 37 Ea					TRΛ					County
III. DESIGNATION OF TRAN	SPORTER	OF OI	L AND	NATU	RAL GAS	SCURL	OCK PERM	IAN CORP EF	F 9-1-91	
Name of Authorized Transporter of Oil XX or Condensate The Permian Corporation					Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX 77001					น) .
ime of Authorized Transporter of Casinghead Gas XX or Dry Gas El Paso Natural Gas Company					Box 1	382, Jal	, NM 8	copy of this form is to be sent) 38252		
If well produces oil or liquids, give location of tanks.	Unit S	∞. 16	Twp. 24S	Rge. 37E	Is gas actually Yes	connected?	When	April 24	. 1979	,
If this production is commingled with that if IV. COMPLETION DATA	from any other	lease or p	ool, give	commingli	ing order numb	er:				
Designate Type of Completion		Oil Well	G	s Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v
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 AND								SACKS CEMENT		
HOLE SIZE	ZE CASING & TUBING SIZE					DEPTH SET		CACAC CEMENT		
V. TEST DATA AND REQUES	T FOD AL	LOWA	DIE							
OIL WELL (Test must be after re				l and musi					full 24 hour	s.)
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure				Casing Pressu	re		Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF		
GAS WELL	1									
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		
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.					OIL CONSERVATION DIVISION Date Approved					
Signature Ronnie H. Washish V fres					By Company of the Company of Station					
Printed Name	915-68	34-663	Title 31 phone No.		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.

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