

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

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

DISTRICT III
 1000 Rio Hondo Rd., Artesia, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I. OPERATOR

Operator: John H. Hendrix Corporation Well API No. 30-025-06718

Address: 303 W. Wall, Suite 525
Midland, TX 79701

Reason(s) for Filing (Check proper box):
 New Well
 Recompletion
 Change in Operator
 Change in Transporter of:
 Oil Dry Gas Effective 4/1/92
 Gashead Gas Condensate

If change of operator give name and address of previous operator: Oryx Energy Company, P.O. Box 2880, Dallas, TX 75221-2880

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--------------------------------|----------------------|---|--|-------------------------------|
| Lease Name <u>Elliott A</u> | Well No. <u>3</u> | Pool Name, Including Formation <u>Blinebry Oil and Gas</u> | Kind of Lease Federal <input checked="" type="checkbox"/> State, Federal or Fee | Lease No. <u>LC032591A</u> |
| Unit Letter <u>A</u> | <u>980</u> | Feet From the <u>North</u> Line and <u>330</u> Feet From the <u>East</u> Line | Section <u>21</u> Township <u>21S</u> Range <u>37E</u> , <u>NMIM</u> , <u>Lea</u> County | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate : Texas New Mexico Pipeline Address (Give address to which approved copy of this form is to be sent): P.O. Box 1510, Midland, TX 79702

Name of Authorized Transporter of Gashead Gas or Dry Gas : Texaco Exploration and Production Address (Give address to which approved copy of this form is to be sent): P.O. Box 1650, Tulsa, OK 74102

If well produces oil or liquids, give location of tanks: _____
 Is gas actually connected? When? _____

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

| | |
|---|---|
| Designate Type of Completion (X) <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well | New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Rev. <input type="checkbox"/> Off Well <input type="checkbox"/> |
| Date Spudded _____ | Date Compl. Ready to Prod. _____ |
| Elevation (DF, RAB, RI, CR, etc.) _____ | Name of Producing Formation _____ |
| Perforations _____ | Top of Gas Pay _____ |
| | Tubing Depth _____ |
| | Depth Casing Shoe _____ |

| | | | |
|-----------|-------------------------------------|-----------|--------------|
| HOLE SIZE | TUBING, CASING AND CEMENTING RECORD | DEPTH SET | SACKS CEMENT |
| | CASING & TUBING SIZE | | |
| | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of lost oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

| | | |
|---------------------------------------|-----------------------|---|
| Date First Flow Oil Run To Tank _____ | Date of Test _____ | Producing Method (Flow, pump, gas lift, etc.) _____ |
| Length of Test _____ | Tubing Pressure _____ | Casing Pressure _____ |
| Actual Prod. During Test _____ | Oil - Bbls _____ | Water - Bbls _____ |
| | | Choke Size _____ |
| | | Gas - MCF _____ |

GAS WELL

| | | | |
|--|---------------------------------|---------------------------------|-----------------------------|
| Actual Prod. Test - MCF/D _____ | Length of Test _____ | BERG Condensate/MCF _____ | Gravity of Condensate _____ |
| Producing Method (pilot, 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.

Shonda Hunter
 Signature
 Shonda Hunter Prod. Asst.
 Printed Name
 4-27-92 915-684-6631
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 29 '92

By WILLIAM ROY SMITH

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule H04

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of devlation tests taken in accordance with Rule III.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.