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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COM. ON
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65

I. OPERATOR
 Operator: John H. Hendrix Corporation
 Address: 525 Midland Tower, Midland, Texas 79701

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of: Oil Dry Gas
 Recompletion Casinghead Gas Condensate
 Change in Ownership

Other (Please explain): _____

If change of ownership give name and address of previous owner: Union Texas Petroleum Corp.

II. DESCRIPTION OF WELL AND LEASE

Lease Name: <u>Lee</u>	Well No.: <u>1</u>	Pool Name, Including Formation: <u>Blinebry</u>	Kind of Lease: XXXXXX Fee	Lease No.: <u>347</u>
Location: Unit Letter <u>I</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u>	Line of Section <u>23</u> Township <u>22S</u> Range <u>37E</u> , NMEM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Texas New Mexico Pipeline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1510, Midland, TX 79701</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1492, El Paso, TX 79978</u>
If well produces oil or liquids, give location of tanks. Unit: <u>I</u> Sec.: <u>23</u> Twp.: <u>22S</u> Rge.: <u>37E</u>	Is gas actually connected? <u>yes</u> When: <u>May 23, 1955</u>

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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
<u>(X)</u>								
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 CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE 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)

Date First New Oil Run To Tanks	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

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. CERTIFICATE OF COMPLIANCE

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

Thomas C. Belton
 (Signature)
 Supervisor Engineering
 (Title)
 10-2-85
 Date

OIL CONSERVATION COMMISSION

APPROVED OCT 15 1985, 19____

BY _____
 TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepened well, this request must be accompanied by a tabulation of the deviation of the well in accordance with RULE 111.
 If this form must be filled out completely for allow recompleted wells.
 Sections I, II, III, and VI for changes of owner or transporter, or other such change of condition C-104 must be filed for each pool in multiple