

SANITARY		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
John H. Hendrix
 Address
403 Wall Towers West, Midland, Texas 79701
 Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner: THIS WELL HAS BEEN PLACED IN PRODUCTION BY THE LEASEE

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cossatot "F"	Well No., Well Name, Including Formation 1 E. Brunson Granite Wash	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Wantz-Granite Wash R-4604			
Unit Letter C	330 Feet From The north Line and 1980 Feet From The west		
Line of Section 23	Township 22S	Range 37E	County Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1103, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma 74101
If well produces oil or liquids, give location of tanks. C	Unit 23 Sec. 22S Twp. 37E Rge. 22S Is gas actually connected? no When unknown

If this production is commingled with that from any other lease or pool, give commingling order number: not commingled

IV. COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded 12-29-72	Date Compl. Ready to Prod. 1-30-73	Total Depth 7324'		P.B.T.D. 7319'				
Elevations (DF, RKB, RT, GR, etc.) 3336' GL	Name of Producing Formation Granite Wash	Top Oil/Gas Pay 7028'		Tubing Depth 7240'				
Perforations							Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8"		1134'		450			
7 7/8"	5 1/2"		7324'		635			
	2 3/8"		7240'					

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be for 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 1-30-73	Date of Test 1-31-73	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 24 hrs.	Tubing Pressure 65#	Casing Pressure packer	Choke Size 28/64"
Actual Prod. During Test 65	Oil-Bbls. 56	Water-Bbls. 9	Gas-MCF 160

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (piston, 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.

Paula Pendleton
 (Signature)
 Accountant
 (Title)
 January 31, 1973
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 1973
 BY John W. Runyan
 Geologist
 TITLE _____

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 form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
 Separate Forms C-104 must be filed for each pool in multiple

