

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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SANTA FE		
FILE		
U.S.O.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
John H. Hendrix Corporation

Address
223 W. Wall, Suite 525, Midland, Texas 79701

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)
Effective 10/1/88

If change of ownership give name and address of previous owner
Veirs Production Company, 223 W. Wall, Suite 500, Midland, TEXAS 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ida White	Well No. 2	Pool Name, including Formation Eumont Yates 7R Queen	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>J</u> ; <u>2310</u> Feet From The <u>East</u> Line and <u>1650</u> Feet From The <u>South</u> Line of Section <u>35</u> Township <u>20S</u> Range <u>36E</u> , NMPM, County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS T.A.

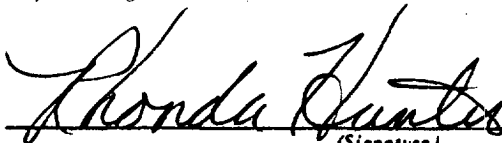
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.


(Signature)
Production Assistant
(Title)
9-14-88
(Date)

OIL CONSERVATION DIVISION
SEP 19 1988
APPROVED _____, 19____
BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT SUPERVISOR
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 multiply completed wells.