

NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104  
 Supersedes OIL O-104 and  
 Effective 1-1-65

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

I. 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:  
 Reason for this:  Oil  Dry Gas   
 Change in Conditions  Casinghead Gas  Condensate  Effective 1/1/77  
 If change of ownership give name and address of previous owner: John H. Hendrix, 525 Midland Tower, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE  
 Lease Name: Laughlin Well No.: 3 Pool Name, including Formation: Eunice Monument (G-SA) Kind of Lease: State, Federal or Fee Fee: Lease:  
 Location: Unit Letter: P ; 660 Feet From The South Line and 660 Feet From The East  
 Line of Section: 5 Township: 20-S Range: 37-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
 Name of Authorized Transporter of Oil  or Condensate : Shell Pipeline Company Address (Give address to which approved copy of this form is to be sent): P. O. Box 2648, Houston, Texas 77002  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas : Warren Petroleum Corporation 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: Unit: Sec.: Twp.: Rge.: Is gas actually connected? When:

IV. COMPLETION DATA  
 If this production is commingled with that from any other lease or pool, give commingling order number:  
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Restv. Diff. Restv.  
 Date Spudded: Date Compl. Ready to Prod.: Total Depth: P.B.T.D.:  
 Elevations (DF, RAB, 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.  
 Signature: [Signature]  
 Production Clerk (Title)  
 January 18, 1977 (Date)

OIL CONSERVATION COMMISSION  
 APPROVED: FEB 11 1977, 19  
 BY: Orig. Signed by Jerry Sexton  
 TITLE: Dist 1, Supv.  
 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.