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

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

Form C-104  
Supersedes OIL-104  
Effective 1-1-65

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

II. DESCRIPTION OF WELL AND LEASE  
Lease Name: Cooper B Well No.: 6 Pool Name, including Formation: Eunice Monument (G-SA) Kind of Lease: State, Federal or Fee Fee  
Location  
Unit Letter: M : 660 Feet From The South Line and 660 Feet From The West  
Line of Section: 7 Township: 20-S Range: 37-E, NMPM, Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Shell Oil Company Address (Give address to which approved copy of this form is to be sent): P. O. Box 2648, Houston, Texas 77001  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒  
El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent): P. O. Box 1492, El Paso, Texas 79999  
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:

IV. COMPLETION DATA  
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'  
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 (pilot, 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] (Signature)  
Production Clerk (Title)  
January 18, 1977 (Date)  
OIL CONSERVATION COMMISSION  
APPROVED: [Signature], 19  
BY: Jerry Sexton, Dist 1, Supv.  
TITLE: Dist 1, Supv.  
This form is to be filed in compliance with RULE 1101.  
If this is a request for allowable for a newly drilled or to be produced 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.