

**NEW MEXICO OIL CONSERVATION COMMISSION
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

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	GAS		
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ATION OFFICE			

John H. Hendrix
525 Midland Tower, Midland, Texas 79701
 Person(s) for filing (Check proper box)
 well Change in Transporter of:
 completion Oil Dry Gas
 change in Ownership Casinghead Gas Condensate
 Gas Connection Date _____
 Change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE
 Well No. **8** Pool Name, including Formations **G-SA Eunice Monument** Kind of Lease **State** Lease No. **B-1431**
 State **T** State, Federal or Fee **State**
 Letter **K** ; **1650** Feet From The **South** ; **1650** Feet From The **West**
 Section **28** Township **19-S** Range **37-E** , NMPM, Lea County

IDENTIFICATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Authorized Transporter of Oil or Condensate _____ (Please address to which approved copy of this form is to be sent)
Shell Pipe Line P.O. Box 2648, Houston, Texas 77001
 Authorized Transporter of Casinghead Gas or Dry Gas _____ (Please address to which approved copy of this form is to be sent)
Warren Petroleum P.O. Box 1589, Tulsa, Oklahoma 74101
 produces oil or liquids, Unit Sec. **28** Twp. **19-S** Range **37-E** When **2/75**
 location of tanks. **L** **28** **19-S** **37-E** **Yes**
 production is commingled with that from any other lease or pool, give commingling order number: _____

DEVIATION DATA
 Designate Type of Completion - (X) Oil Well Gas Well Deepen Plug Back Same Rest'v. Diff. Rest'v.
 Date Compl. Ready to Prod. _____ P.B.T.D. _____
 Name of Producing Formation _____ Tubing Depth _____
 Depth Casing Shoe _____
TUBING, CASING, AND CEMENT
 HOLE SIZE _____ CASING & TUBING SIZE _____ DEPTH SET _____ SACKS CEMENT _____

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be of sufficient length to determine flow characteristics)
 Date of Test _____ (Flow, pressure, gas lift, etc.)
 Tubing Pressure _____ Choke Size _____
 Oil - Bbls. _____ Gas - MCF _____
 Length of Test _____ Bbls. Condensate/MMCF _____ Gravity of Condensate _____
 Tubing Pressure (Shut-in) _____ Casing Pressure (Shut-in) _____ Choke Size _____

STATEMENT OF COMPLIANCE
 I certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given is true and complete to the best of my knowledge and belief.
Jessie K. Wright
 (Signature)
Production Clerk
 (Title)
9-9-75
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED SEP 11 1975, 19____
 BY **John Runyan**
 Geologist
 This form is to be filed in compliance with RULE 1104.
 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 V for changes of owner, transporter or other conditions of production.