

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Aztec, NM 88210

DISTRICT III
1000 Rio Arriba Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator John H. Hendrix Corporation		Well API No. 30-625-10-299
Address 233 W. Wall, Suite 525 Midland, TX 79701		
Reason(s) for Filing (Check proper box) New Well ☐ Change in Transporter of: Recompletion ☐ Oil ☐ Dry Gas ☐ Effective 4/1/92 Change in Operator ☒ Casinghead Gas ☐ Condensate ☐		
If change of operator give name and address of previous operator Oryx Energy Company, Box 1861, Midland, TX 79702		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Elliott "B" 15	Well No. 2	Pool Name, Including Formation Paddock	Kind of Lease State ☒ Federal ☐ Fee	Lease No. NM557257
Location Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line Section 15 Township 22S Range 37E , NMM , 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) Box 1509, Midland, TX 79702	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Texaco Exp. & Prod. Inc.	Address (Give address to which approved copy of this form is to be sent) Box 1650, Tulsa, OK 74102	
If well produces oil or liquids, give location of tanks. Unit B Sec. 15 Twp. 22S Rgr. 37E	Is gas actually connected? Yes	When?

If this production is commingled with that from any other lease or pool, give commingling order number: **DNK 331**

IV. COMPLETION DATA

Designate Type of Completion - (X)	☒ Oil Well	☐ Gas Well	☐ New Well	☐ Workover	☐ Deepen	☐ Plug Back	☐ Same Res'v	☐ Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.H.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 lost 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 Tank	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/MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shot in)	Casing Pressure (Shot in)	Choke Size

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

Signature
Ronda Hunter
Printed Name
Ronda Hunter Prod. Asst.
Date
4-16-92 Telephone No.
915-684-6631

OIL CONSERVATION DIVISION

Date Approved **APR 20 '92**

By

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

En

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OCD HOBBS OFFICE