

OIL CONSERVATION DIVISION

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator John H. Hendrix Corporation		Well API No.
Address 223 W. Wall, Suite 525, Midland, TX 79701		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) WELDCASED GAS MUST NOT BE		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	RECEIVED AFTER 5-1-89 GRANTS AN EXCEPTION TO R-4070 IS OBTAINED.
Change in Operator <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Boyd	Well No. 3	Pool Name, Including Formation Blinebry Oil	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line Section 23 Township 22-S Range 37-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Sun Refining & Marketing	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2039, Tulsa, OK 74102	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Northern Natural Gas	Address (Give address to which approved copy of this form is to be sent) 223 Dodge Street, Omaha, NE 68102	
If well produces oil or liquids, give location of tanks. SW/ A	Unit 23	Sec. 22S Twp. 37E Rge. No
Is gas actually connected? No		When? Late March

If this production is commingled with that from any other lease or pool, give commingling order number: **PC-647**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod. 2/21/89	Total Depth 6451'	P.B.T.D. 6200'					
Elevations (DF, RKB, RT, GR, etc.) 3318' GR	Name of Producing Formation Blinebry	Top Oil/Gas Pay 5340'	Tubing Depth 5271'					
Perforations 5340, 53, 77, 87, 5406, 20, 30, 39, 99, 5513, 22, 50, 79, 98, 5611, 25, 39, 54, 71, 89, 5716'	TUBING, CASING AND CEMENTING RECORD		Depth Casing Shoe 6380'					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	NA							
	NA							
	2-3/8"	5271'						

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 Tank 3/1/89	Date of Test 3/5/89	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 165#	Casing Pressure Pkr.	Choke Size 18/64"
Actual Prod. During Test 24	Oil - Bbls. 29	Water - Bbls. 12	Gas - MCF 243

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. 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.

Ronnie H. Westbrook
Signature
Ronnie H. Westbrook - Vice-President
Printed Name
Title
3/7/89 (915) 684-6631
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAR 9 1989**

By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

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.