

Operator John H. Hendrix Corporation

Address 23 W. Wall, Suite 525  
Midland, TX 79701

Reason(s) for Filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>

☐ Other (Please explain) Effective 10-15-90

If change of operator give name and address of previous operator \_\_\_\_\_

Lease Name		Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Free	Lease No.
Thomas Long		2	Drinkard		
Location					
Unit Letter	M	:	330	Feet From The	South Line and 330 Feet From The West Line
Section	11	Township	22-S	Range	37-E, NMPM, Lea County

<b>III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS</b>				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/>		or Condensate <input type="checkbox"/>		
<b>Shell Pipeline Corp.</b>				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/>		or Dry Gas. <input checked="" type="checkbox"/>		
<b>El Paso Natural Gas Co.</b>				
If well produces oil or liquids, give location of tanks.	Unit <b>N</b>	Sec. <b>11</b>	Twp. <b>22</b>	Rge. <b>B7</b>
Address (Give address to which approved copy of this form is to be sent) <b>Box 2648, Houston, TX 77002</b>				
Address (Give address to which approved copy of this form is to be sent) <b>Box 1492, El Paso, Tx 79978</b>				
Is gas actually connected? <b>yes</b>			When? <b>10-15-90</b>	

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			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe		

[illegible]

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	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		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test - MMCF/D	Length of Test		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Date \_\_\_\_\_

### 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.