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U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Energy, Minerals and Natural Resources Division

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator John H. Hendrix Corporation		Well API No. 30-025-25137
Address W. Wall, Suite 525 Midland, TX 79701		
Reason(s) for Filing (Check proper box) New Well ☐ Change in Transporter of: ☐ Other (Please explain) 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, P.O. Box 2880, Dallas, TX 75221-2880		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Elliott "B" 12	Well No. 2	Pool Name, Including Formation South Brunson Drinkard, Abo	Kind of Lease Federal	Lease No. NM032369
Location Unit Letter D : 567 Feet From the North Line and 467 Feet From the West Line	Section 12 Township 22S Range 37E , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) Box 1510, 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 Sec. Twp. Rge.	Is gas actually connected? Yes When?
If this production is commingled with that from any other lease or pool, give commingling order number: DHC-598	

IV. COMPLETION DATA

Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Rev. ☐ Off Rev.	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.D.L.D.
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	Depth Casing Shoe
Perforations				
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 Flow 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	HLR Condensate/MCF	Gravity of Condensate
Testing Method (spot, 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.

Signature *Rhonda Hunter*
Printed Name **Rhonda Hunter** Prod. Asst.
Date **4-27-92** 915-684-6611 Title
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **APR 29 '92**

By **COPIED SIGNED BY RAY SMITH**

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.