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LAND OFFICE	
TRANSFER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COM. ON
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes OCS-161 and
Effective 1-1-65

I. OPERATOR
Operator
John H. Hendrix Corporation
Address
525 Midland Tower, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well Change in Transporter of: Oil Dry Gas
Receipts Casinghead Gas Condensate
Change in Ownership Effective 1/1/77
If change of ownership give name and address of previous owner John H. Hendrix, 525 Midland Tower, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cooper B	Well No. 11	Pool Name, including Formation Eunice-Monument (G-SA)	Kind of Lease State, Federal or Fee Fee
Location Unit Letter H ; 1980 Feet From The North Line and 990 Feet From The East Line of Section 12 Township 20-S Range 36-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"/> Shell Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2648, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79999
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Res.
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		
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 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 Tanks	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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Laura K. Wright
(Signature)
Production Clerk
(Title)
January 18, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19__

BY Jerry Sexton
Orig. Signed by
Dist 1, Supv.

TITLE _____

This form is to be filed in compliance with RULE 1103.
If this is a request for allowable for a newly drilled or reworked well, this form must be accompanied by a tabulation of the production 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 VI for changes of owner, well name or number, or transporter, or other such change of condition.