

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

I. Operator William E. Hendon, Jr.

Address 601 N. Loraine, Suite 111, Midland, Texas 79701

Reason(s) for filing (Check proper box) Other (Please explain)

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

Change in ownership effective April 20, 1982

If change of ownership give name and address of previous owner LaJet, Inc. and Miranda Energy, P. O. Box 4198, Abilene, Tx.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State "B"</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Wilson, West, Seven Rivers</u>	Kind of Lease <u>State, Federal or Fee State</u>	Lease No. <u>NM1184</u>
Location Unit Letter <u>B</u> <u>660</u> Feet From The <u>north</u> Line and <u>1980</u> Feet From The <u>east</u>				
Line of Section <u>21</u> Township <u>21S</u> Range <u>34E</u> , NMPM, <u>Lea</u> 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"/> <u>Texas New Mex. Pipeline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 2528, Hobbs, New Mex. 88240</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>None</u>	Address (Give address to which approved copy of this form is to be sent) <u>N/A</u>
If well produces oil or liquids, give location of tanks.	Unit <u>0</u> Sec. <u>16</u> Twp. <u>21S</u> Rge. <u>34E</u> Is gas actually connected? <u>no.</u> When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Res
							XX	
Date Spudded <u>5-11-49</u>	Date Compl. Ready to Prod. <u>7-20-49</u>	Total Depth <u>3912</u>	F.B.T.D. <u>none</u>					
Elevations (DI, RKB, RT, GR, etc.) <u>3721 KB</u>	Name of Producing Formation <u>Seven Rivers</u>	Top Oil/Gas Pay <u>3896</u>	Tubing Depth <u>3871</u>					
Perforations <u>open hole 3865-3912</u>			Depth Casing Shoe <u>3865</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	13 3/8"	218	385 sx. circ.
6 1/2"	5 1/2"	3865	480 sx.
5 1/2"	2 1/2"	3871	none

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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Timothy Hartshorn
(Signature)
Op Eng
(Title)
20 Mar 82
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY _____
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation 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