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SANTA FE, NEW MEXICO 87501

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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

William E. Hendon, Jr.

Address

601 N. Lorraine, Suite 111-Midland, Tx. 79701

Reason(s) for filing (Check proper box)

New Well ☐

Change in Transporter of:

### Recompletion

C11

Dry Gas

Change in Ownership ☐

### Casinghead Gas

Condensate

Other (Please explain)

300 barrels to be moved.  
Test Allowable

If change of ownership give name

If change of ownership give name  
and address of previous owner Previously Union California well Shell Federal #1

### DESCRIPTION OF WELL AND LEASE

Lease Name "35"	Well No. 1	Pool Name, Including Formation UNDESIGNATED	Kind of Lease State, Federal or Fee	Lease No. Federal NM 14000
Location New Mexico Federal				
Unit Letter B	: 760	Feet From The North	Line and 1980	Feet From The East
Line of Section 35	Township 18-S	Range 32 E	NMPM,	Lea County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>					P. O. Box 108 Shreveport, LA 71161	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
To be decided						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N/A	35	18-S	32-E	Not at this time	pending contract

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

N/A

### COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
			X	X				X	
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
8-25-81	10-16-81		13,701			13,631			
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
	Morrow		13,274			11,987			
Perforations						Depth Casing Shoe			
13,274 - 13,612 49 net feet @ 2 JSPF						13,651			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	24 & 28 J55 8 5/8	4,571	Previously set
7 7/8"	17 & 20 N80 5 1/2	13,651	1200 cl. H
	6 1/2 N-8 2 7/8	11,987	N/A

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)

OIL WELL			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Coating 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
WELL TEST COMPLETED	10-21-81 WAITING ON DATA		
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

## 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.

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 name, well name, or number, or transporter, or other such change.