

**NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
Supersedes Old Form C-104 and C-104a
Effective 1-1-65

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FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION OFFICE			

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:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate Effective 1/1/77
 Other (Please explain):

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 <u>Alaska Cooper</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Eunice Monument (G-SA)</u>	Kind of Lease State, Federal or Fee <u>Fee</u>
Location: Unit Letter <u>A</u> <u>660</u> Feet From The <u>North</u> <u>660</u> Feet From The <u>East</u> Line of Section <u>12</u> Township <u>20-S</u> Range <u>36-E</u> , NMPM, <u>Lea</u>			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>The Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1183, Houston, Texas 77001</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1492, El Paso, Texas 79999</u>
If well produces oil or liquids, give location of tanks. Unit <u>A</u> Sec. <u>12</u> Twp. <u>20</u> Rge. <u>36</u>	Is gas actually connected? <input type="checkbox"/> 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	Stimulate
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Elevations (DF, R&B, 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 greater than 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.

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

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY Jerry Sexton
 TITLE Dist. 1, Supv.

This form is to be filed in compliance with RULE 111.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the level of tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely or 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.