

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
BATTERY		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-11	
FILE		AND		Effective 1-1-65	
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER	OIL GAS				
OPERATOR					
PRODUCTION OFFICE					

Operator	
John H. Hendrix Corporation	
Address	
525 Midland Tower, Midland, Texas 79701	
Reason(s) for listing (check proper box)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐	Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐	Other (Please explain)
New location of tank battery.	
1980'SL-550' WL, Unit L	
S 28 TS 19S R 37E	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
State T Bty 2	7	Eunice Monument (G-SA)	State, Federal or Fee State
Lease No. B-1431			
Location			
Unit Letter L	1980	Feet From The South	Line and 660
Feet From The West			
Line of Section 28	Township 19S	Range 37E	NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)		
Permian Permian (Eff. 9 / 1 / 87)	P. O. Box 1183, Houston, Texas 77001		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)		
Northern Natural	P. O. Box 308, Omaha, Neb. 68101		
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 28	Twp. 19S Rge. 37E
Is gas actually connected?	Yes	When	Same sales line.

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

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well
			Workover
			Deepen
			Plug Back
			Same Restv.
			Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, CR, 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

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/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		OCT 10 1978	
A. E. Kenyon (Signature)		APPROVED _____, 19 _____	
Production Supervisor (Title)		BY _____	
10-5-78 (Date)		TITLE SUPERVISOR DISTRICT I	
		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 logs taken on the well in accordance with RULE 111.	
		All portions 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 conditions.	