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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. Operator  
**John H. Hendrix**  
Address  
**316 Central Bldg, 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 ☐  
Other (Please explain)  
**Change of Lease Name from Alaska Cooper to Cooper "B" Lease**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name **New Name** Well No. **12** Pool Name, Including Formation **Monument (Gryb.-SA)** Kind of Lease **Fee** Lease No.  
**Cooper "B"** Location  
Unit Letter **D** **330** Feet From The **North** Line and **330** Feet From The **West**  
Line of Section **7** Township **20S** Range **37E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**Shell Pipeline Corp.** Address (Give address to which approved copy of this form is to be sent)  
**P.O. Box 2643, Houston, Texas 77001**  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
**Warren Petroleum Corp.** Address (Give address to which approved copy of this form is to be sent)  
**P.O. Box 1539, Tulsa, Oklahoma 74102**  
If well produces oil or liquids, give location of tanks. Unit **H** Sec. **12** Twp. **20S** Rge. **36E** Is gas actually connected? **Yes** When **Unknown**  
If this production is commingled with that from any other lease or pool, give commingling order number: **PC-353**

IV. COMPLETION DATA  
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.  
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.

**John H. Hendrix**  
(Signature)  
**Owner-Operator**  
(Title)  
**January 19, 1971**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JAN 19 1971**, 19  
BY **[Signature]**  
TITLE **SECRETARY**

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.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

Form O-100  
Revised 1-1-62  
Instructions and O-100 and O-110

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
WATER RESOURCES DIVISION  
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Address	
Customer's name and address (print or type)	
Product name	
Quantity	
Price per unit	
Total price	
Terms of sale	
Signature of customer	
Signature of operator	
Date	

DESCRIPTION OF WELL AND ITS USE	
Well name	
Location	
Depth	
Construction	
Use	

DESIGNATION OF TRANSFER OR OF OTHER INTEREST	
Name of transferee	
Address of transferee	
Signature of transferee	
Signature of operator	
Date	

COMPLETION DATA	
Designator Type of Completion	
Date completed	
Elevations (ft.) at top of hole	
Elevations (ft.) at bottom of hole	
Production	

TESTING DATA AND OTHER RECORDS	
Test name	
Test date	
Test results	
Remarks	

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