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U.S.G.S.		
LAND OFFICE		
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

Operator John H. Hendrix		
Address 403 Wall Towers West, Midland, Texas 79701		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE RELEASED AFTER 4/10/75 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name State T	Well No. 8	Pool Name, Including Formation Eunice-Monument G-SA	Kind of Lease State, Federal or Fee State	Lease No. B-1431
Location Unit Letter K ; 1650 Feet From The South Line and 1650 Feet From The West Line of Section 28 Township 19-S Range 37-E , NMPM, Lea 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma 74101	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 28
	Twp. 19-S	Rge. 37-E
	Is gas actually connected? No When unknown	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 12-7-74	Date Compl. Ready to Prod. 2-10-75		Total Depth 4390'		P.B.T.D. 3964'			
Elevations (DF, RKB, RT, GR, etc.) 3590.7' GL	Name of Producing Formation Grayburg-San Andres		Top Oil/Gas Pay 3732'		Tubing Depth 3900'			
Perforations 3732-3894'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8"		372'		310 sxs. circulate			
7 7/8"	4 1/2"		4319'		425 sxs.			
	2 3/8"		3900'		-			

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)

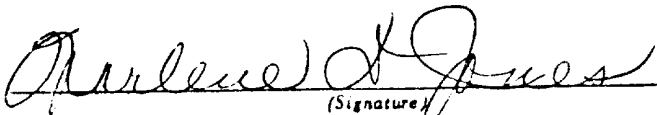
Date First New Oil Run To Tanks 2-10-75	Date of Test 2-11-75	Producing Method (Flow, pump, gas lift, etc.) Swab	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 75	Oil-Bbls. 75	Water-Bbls. 18 (load water)	Gas-MCF 150

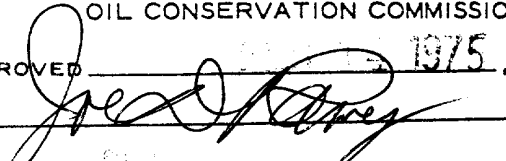
GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.


(Signature)
Production Clerk
(Title)
February 12, 1975
(Date)

OIL CONSERVATION COMMISSION
APPROVED  1975, 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.
Separate Forms C-104 must be filed for each pool in multiply

INCLINATION REPORT

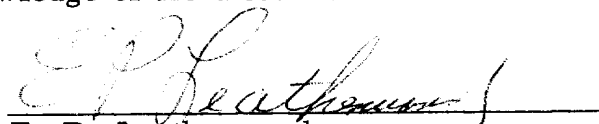
OPERATOR: John H. Hendrix
403 Wall Towers West
Midland, Texas 79701

LEASE NAME & NO; State T No. 8

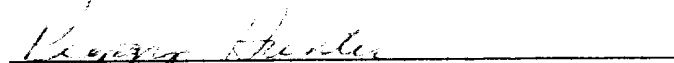
LOCATION: Sec. 28, T-19-S, R-37-E, Lea County, New Mexico

DEPTH	INCLINATION
364	0
808	1/2
1388	1 1/2
1890	1 3/4
2322	2
2862	1 1/2
3196	1 1/2
39580	1 1/2
3857	1
4320	3/4

I, E. P. Leatherwood, President of Leatherwood Drilling Company, being first duly sworn on oath state that I have knowledge of the facts and matter herein set forth and that the same are true and correct.


E. P. Leatherwood

SUBSCRIBED AND SWORN TO before me this 17th day of December, 1974.


Notary Public, Winkler County, Texas

(Seal)