

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

Form C-104
Supersedes OIL-104 (1-1-65)
Effective 1-1-65

PROPERTY		
STATE		
FILE		
U.S.G.S.		
LAND		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION OFFICE		

John H. Hendrix Corporation

525 Midland Tower, Midland, Texas 79701

Change in Transporter of:	Other (Please explain)
Oil ☐	Dry Gas ☐
Casinghead Gas ☐	Condensate ☐

Effective 1/1/77

Most recent owner's name
John H. Hendrix, 525 Midland Tower, Midland, Texas 79701

III. IDENTIFICATION OF WELL AND LEASE

State X	Well No. 1	Pool Name, Including Formation	Kind of Lease	State	B-3672
Location	Unit Letter L	1980 Feet From The South Line and 660 Feet From The West	State, Federal or Fee		
Line of Section 16	Township 20-S	Range 37-E	NMPM	Lea	County

IV. 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)
Shell Pipeline Company	P. O. Box 2648, Houston, Texas 77002
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 1492, El Paso, Texas 79999
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest.	Other Rest.
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					

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

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)

January 18, 1977

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19__

BY _____ Orig. Signed by

Jerry Sexton

Dist. 1, Supv.

TITLE _____

This form is to be filed in compliance with RULE 1101.

If this is a request for allowable for a newly drilled and spaced well, this form must be accompanied by a tabulation of the production 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.