

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DISTRICT
P.O. Drawer DD, Artesia, NM 88210

DISTRICT
1000 Rio Hondo Rd., Aztec, NM 87410

Operator John H. Hendrix Corporation		Well API No.
Address 23 W. Wall, Suite 525 Midland, TX 79701		
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)		
New Well ☐	Change In Transporter of: Oil ☐ Dry Gas ☒	Effective 6/1/92
Recompletion ☐	Casinghead Gas ☐ Condensate ☐	
Change In Operator ☐		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name S.E. Cone	Well No. 1	Pool Name, Including Formation Tubb Oil and Gas	Kind of Lease FEE State, Federal or Fee	Lease No.
Location Unit Letter J 1980 Feet From The South Line and 1980 Feet From The East Line Section 26 Township 21-S Range 37-E , NMIM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate Texas New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) Box 2528, Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, OK 74102	
If well produces oil or liquids, give location of tanks. Unit ☐ Sec. ☐ Twp. ☐ Rge. ☐	Is gas actually connected? Yes	When? DAC 835

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	☐ Same Res'v	☐ Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.H.T.D.			
Elevations (DJF, 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 lost 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 Tank	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 (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

I. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Rhonda Hunter
Signature
Rhonda Hunter
Printed Name
6-18-92
Date
915-684-6631
Telephone No.
Prod. Asst.
Title

OIL CONSERVATION DIVISION

Date Approved

By

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

JUN 19 1992

1000 4/22/92 04:00