

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator John H. Hendrix Corporation		Well API No. 30-025-21602
Address 23 W. Wall, Suite 525 Midland, TX 79701		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change In Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change In Operator <input checked="" type="checkbox"/> Gashead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Effective 11/1/91 *ALSO CHANGING NAME-WE ALREADY HAVE A Sarkey Lease		
If change of operator give name and address of previous operator Mid-Continent Energy Inc. Pacific Enterprises Oil Company 10 West Dr., Suite 500 West Midland, TX 79705		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sarkey "A"	Well No. 2	Pool Name, including Formation Wantz-Abo	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter H : 990 Feet From The East Line and 1650 Feet From The North Line Section 26 Township 21S Range 37E , NMIM , 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"/> Shell Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland, TX 79702	
Name of Authorized Transporter of Gashead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Co.	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 H Sec. 26 Twp. 21S Rge. 37E	Is gas actually connected? Yes	When? 4-7-66

If this production is commingled with that from any other lease or pool, give commingling order number: **DHC- R5961**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	DIT 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		

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 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

VI. 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.

Signature *Rhonda Hunter*
Printed Name **Rhonda Hunter** Prod. Asst. Title
Date **11-11-91** Telephone No. **915-684-6631**

OIL CONSERVATION DIVISION

Date Approved 11/12/91
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR
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.