

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator John H. Hendrix Corporation	Well API No.
Address 223 W. Wall, Suite 525, Midland, TX 79701	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Elmer C. Hill	Well No. 2	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or <u>Fee</u>	Lease No. -
Location Unit Letter P : 990 Feet From The South line and 990 Feet From The East Line Section 26 Township 21S Range 37E , 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"/> Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, TX 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp.	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? When?
	P 26 21S 37E Yes 5/19/91

If this production is commingled with that from any other lease or pool, give commingling order number: **Yes, will amend order to**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	X					X		X
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	5/13/91	7445'	6600'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3379' GR	Drinkard	6393'	6480'					
Perforations			Depth Casing Shoe					
6393, 6404, 6412, 6418, 6425, 6434 6443 & 6451'								
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	NA							

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 5/19/91	Date of Test 5/21/91	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure 45	Casing Pressure 50	Choke Size -
Actual Prod. During Test	Oil - Bbls. 8	Water - Bbls. 2	Gas - MCF 119

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. 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.

Ronnie H. Westbrook
Signature
Ronnie H. Westbrook Vice-President
Printed Name
6/4/91 Date
(915) 684-6631 Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JUN 06 1991**

By *Paul Kautz*
Orig. Signed by
Paul Kautz
Geologist

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 10 1964
OFFICE
HONORARY OFFICER