

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator		Well API No.
John H. Hendrix Corporation		
Address 3 W. Wall, Suite 525		
Midland, TX 79701		
Reason(s) for Filing (Check proper box)		☐ Other (Please explain)
New Well ☐	Change In Transporter of:	Effective 11/1/91
Recompletion ☐	Oil ☐ Dry Gas ☐	
Change In Operator ☒	Cartriphead Gas ☒ Condensate ☐	
If change of operator give name and address of previous operator		
Adobe Resources Corporation, 300 West Texas, Suite 1100, Midland, TX		

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Post Name, Including Formation	Kind of Lease Federal	Lease No.
Linda Federal	3	Blinberry Oil & Gas	State, Federal or Fee	NM2377
Location				
Unit Letter E	1980	Feet From The North	Line and 660	Feet From The West
Section 23	Township 20S	Range 38E	NMPM	Lea County

III. 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)	
Lantern Petroleum Corporation	Box 2281, Midland, TX 79702	
Name of Authorized Transporter of Cartriphead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
Sid Richardson Carbon & Gasoline Co.	201 Main, Ft. Worth, TX 76102	
If well produces oil or gas, give location of tanks.	Unit	Sec.
	K	23
	20S	38E
If gas actually connected?	When?	
Yes	5-12-78	
If this production is commingled with that from any other lease or pool, give commingling number:		

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Ref	Oil Ref
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.H.D.			
Elevations (DF, RAB, 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		BACKS 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

Prod. Asst.

Printed Name

915-684-6631

Telephone No.

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.