

OIL CONSERVATION DIVISION

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

Operator John H. Hendrix Corporation		Well API No.
Address 303 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 11/1/91
Recompletion ☐	Casinghead Gas ☒ Condensate ☐	
Change in Operator ☒		
If change of operator give name and address of previous operator Adobe Resources Corporation, 300 West Texas, Suite 1100, Midland, Texas		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Linda Federal	Well No. 5	Pool Name, Including Formation East Warren (Tubb)	Kind of Lease Federal State, Federal or Fee	Lease No.
Location Unit Letter N : 660 Feet From The South Line and 2030 Feet From The West Line Section 23 Township 20S Range 38E , NMIM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Lantern Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Box 2281, Midland, TX 79702	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Sid Richardson Carbon & Gasoline Co.	Address (Give address to which approved copy of this form is to be sent) 201 Main Street, Ft. Worth, TX 76102	
If well produces oil or gas, give location of tanks.	Unit N	Sec. 23
	Twp. 20S	Rge. 38E
	Is gas actually connected? Yes When? 9-23-78	

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 Prod'v	☐ Diff Prod'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			F.B.T.D.		
Elevations (DF, 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 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 (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.

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

OIL CONSERVATION DIVISION

NOV 14 1991
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.