

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. 30-025-06535
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: Oil ☐ Dry Gas ☐	Effective 2/1/92
Recompletion ☐	Casinghead Gas ☐ Condensate ☐	
Change in Operator ☒		
If change of operator give name and address of previous operator Hondo Drilling Company, P.O. Drawer 2516, Midland, TX 79702-2516		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lockhart B-11 Fed.	Well No. 1	Pool Name, Including Formation Drinkard	Kind of Lease Fed. ☐ State, Federal or Fee	Lease No. 032096-B
Location Unit Letter E Section 2310 Township 21 Range 37 North Line and 330 Feet From The West Line Section 11 Township 21 Range 37 NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas or Dry Gas Texaco Exp. & Prod. Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1650, Tulsa, OK 74102
If well produces oil or hydrocarbons, give location of tanks. Unit E Sec. 10 Twp. 21 Rgr. 37	Is gas actually connected? Yes When? 6-3-73

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 Rev'y ☐	Off Rev'y ☐
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.H.I.D.			
Elevations (DT, 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		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 *Ronda Hunter*
Printed Name **Ronda Hunter** Prod. Asst.
Title
Date **3-19-92** Telephone No. **915-684-6631**

OIL CONSERVATION DIVISION

MAR 25

Date Approved

By **ORIGINAL SIGNED BY JERRY GIXON**

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.