

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GASAppropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240DISTRICT II
P.O. Drawer DD, Artesia, NM 88210DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

Operator JOHN H. HENDRIX CORPORATION	Well API No. 30-025-24857 06630
Address 223 WEST WALL, SUITE 525, MIDLAND, TEXAS 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"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) <input type="checkbox"/>	
If change of operator give name and address of previous operator ORYX ENERGY COMPANY, P. O. BOX 2880, DALLAS, TEXAS 75221-2880	

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE LAND 15	Well No. 1	Pool Name, including Formation BRINKARD Blueberry oil & Gas	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter M : 660 Feet From The SOUTH Line and 660 Feet From The WEST Line Section 716 Township 21-S Range 37-E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil TEXAS NEW MEXICO PIPELINE	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO BOX 1510, MIDLAND, TEXAS 79702				
Name of Authorized Transporter of Casinghead Gas TEXACO PRODUCING, INC.	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO BOX 3109, MIDLAND, TEXAS 79702				
If well produces oil or liquids, give location of tanks. Expt	Unit M	Sec. 16	Twp. 21-S	Rge. 37-E	Is gas actually connected? YES	When?
If this production is commingled with that from any other lease or pool, give commingling order number: DHC-261						

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff 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		
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/MMCF	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 Title Prod. Asst.
Printed Name Rhonda Hunter
Date 4-10-92 Telephone No. 915-684-6631

OIL CONSERVATION DIVISION

Date Approved APR 14 '92
By ORIGINAL SIGNED BY JERRY SEXTON
Title DISTRICT SUPERVISOR

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.