

NO. OF COPIES RECEIVED		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-105 Effective 1-1-65	
FILE		REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
SANTA FE					
FILE					
U.S.G.S.					
LAND OFFICE					
TRANSPORTER		OIL GAS			
OPERATION					
PRODUCTION OFFICE					
Operator					
John H. Hendrix Corporation					
Address					
525 Midland Tower, Midland, Texas 79701					
Reason(s) for filing (Check proper box)					
New Well		Change in Transporter of:		Other (Please explain)	
Recompletion		Oil		Dry Gas	
Change in Ownership		Casinghead Gas		Condensate	
Effective 1/1/77					
If change of ownership, give name and address of previous owner					
John H. Hendrix, 525 Midland Tower, Midland, Texas 79701					
B. DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.		Pool Name, Including Formation	
State JG		2		Langlie Mattix	
Kind of Lease		State, Federal or Free		State	
Location		Unit Letter		B-1167	
J		2310		Feet From The South	
Line of Section		2		Township 23-S	
Range		36-E		NMPM, Lea	
County					
C. 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)	
Texas New Mexico Pipeline Company				P. O. Box 1510, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas		or Dry Gas		Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum Company		GPM Gas Corporation		Phillips Building, Bartlesville, OK 74003	
If well produces oil or liquids, give location of tanks.		Unit		Is gas actually connected?	
EFFECTIVE: February 1, 1992				When	
If this production is commingled with that from any other lease or pool, give commingling order number:					
D. COMPLETION DATA					
Designate Type of Completion - (X)		Oil Well		Gas Well	
New Well		Workover		Deepen	
Plug Back		Same Restv.		Diff. Restv.	
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
P.B.C.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					
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 Tanks		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					
CERTIFICATE OF COMPLIANCE					
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					
APPROVED FEB 11 1977					
BY Jerry Sexton					
TITLE Dist 1, Supv.					
This form is to be filed in compliance with RULE 1104.					
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
All sections of this form must be filled out completely for allowable on new and recompleted wells.					
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.					