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	GAS
OPERATOR	
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104  
Supersedes O-104-10-1-63  
Effective 1-1-65

Operator  
John H. Hendrix Corporation  
Address  
525 Midland Tower, Midland, Texas 79701  
Reason(s) for filing (if back paper box)  
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Gas ☐ Completion ☐ Casinghead Gas ☐ Gas ☐ Effective 1/1/77  
If change of owner, give name and address of previous owner John H. Hendrix, 525 Midland Tower, Midland, Texas 79701

1. DESCRIPTION OF WELL AND LEASE  
Lease Name State JG Well No. 3 Pool Name, including Formation Langlie Mattix Kind of Lease State Lease No. B-1167  
Location  
Unit Letter K 1980 Feet From The South Line and 2310 Feet From The West  
Line of Section 2 Township 23-S Range 36-E NMPM, Lea County

2. 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 1510, Midland, Texas 79701  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
Phillips Petroleum Company GPM Gas Corporation Address (Give address to which approved copy of this form is to be sent)  
Phillips Building, Bartlesville, OK 74003  
If well produces oil or liquids, give location of tanks. Unit EFFECTIVE: February 1, 1977 Is gas actually connected? ☐ When

If this production is commingled with that from any other lease or pool, give commingling order number:  
3. COMPLETION DATA  
Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Rest. ☐ Oil, Rest. ☐  
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 ☐

4. 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 (pitot, 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.  
Laura K. Wright  
(Signature)  
Production Clerk  
(Title)  
January 18, 1977  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED JAN 11 1977, 19  
BY Chris Sexton  
TITLE Dist 1, Supv.  
This form is to be filed in compliance with RULE 1101.  
If this is a request for allowable for a newly drilled or reworked well, this form must be accompanied by a tabulation of the production 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.