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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator John H. Hendrix Corporation		Well API No. 30-025-09942
Address 223 W. Wall, Suite 525, Midland, TX 79701		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator <i>Carroll J. Hendrix, P.O. Box 2088, Santa Fe, NM 87504</i>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Walter Lynch	Well No. 1	Pool Name, Including Formation Blinebry	Kind of Lease State, Federal or Fee Fee	Lease No. Fee
Location Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line Section 1 Township 22S Range 37E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Scurlock-Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 4648, Houston, TX 77210-4648	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Expl. & Prod. Inc.	Address (Give address to which approved copy of this form is to be sent) Box 1650, Tulsa, OK 74102	
If well produces oil or liquids, give location of tanks. Unit M Sec. 1 Twp. 22S Rge. 37E	Is gas actually connected? Yes	When? 12/24/92
If this production is commingled with that from any other lease or pool, give commingling order number: PC 6181		

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded --	Date Compl. Ready to Prod. 12/20/92		Total Depth 7523		P.B.T.D. 6151			
Elevations (DF, RKB, RT, GR, etc.) 3357' GR	Name of Producing Formation Blinebry		Top Oil/Gas Pay 5567		Tubing Depth 5549			
Perforations 5567, 74, 82, 99, 5608, 34, 44, 50, 55, 70, 83, 5703, 5722					Depth Casing Shoe 7523			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	NA							

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 12/24/92	Date of Test 1/7/93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure 30 psig	Casing Pressure 35 psig	Choke Size --
Actual Prod. During Test	Oil - Bbls. 19	Water - Bbls. 5	Gas - MCF 189

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.

Ronnie H. Westbrook
Signature
Ronnie H. Westbrook - Vice-President
Printed Name
Date **1/13/93** Telephone No. **(915) 684-6631**

OIL CONSERVATION DIVISION

Date Approved **JAN 15 1993**
By **ORIGINAL SIGNED BY JERRY CRAYTON**
DISTRICT I
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.