

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator John H. Hendrix Corporation		Well API No. 30-025-09944
Address 223 W. Wall, Suite 525, Midland, TX 79701		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
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 _____ <div style="text-align: right;"><i>Cancel & Brunson Drilled/abandoned</i></div>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Walter Lynch	Well No. 3	Pool Name, Including Formation Blinebry Oil	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter M : 660 Feet From The South Line and 660 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"/>					Address (Give address to which approved copy of this form is to be sent)	
Scurlock-Permian Corporation					Box 4648, Houston, TX 77210-4648	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Texaco Exp. & Prod. Inc.					Box 1650, Tulsa, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	M	1	22S	37E	Yes	12/24/91

If this production is commingled with that from any other lease or pool, give commingling order number:

Will apply to add to
PC 481

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well	Workover X	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded -	Date Compl. Ready to Prod. 12/14/91		Total Depth 7393'			P.B.T.D. 6156'			
Elevations (DF, RKB, RT, GR, etc.) 3352' GR		Name of Producing Formation Blinebry		Top Oil/Gas Pay 5622'		Tubing Depth 5850'			
Perforations 5685, 98, 5703, 06, 13, 18, 25, 33, 40, 45, 83, 86, 93, 95, 5800, 04, 10, 14, 33 & 5842'						Depth Casing Shoe 7393'			
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 12/14/91	Date of Test 12/29/91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure -	Casing Pressure 30	Choke Size -
Actual Prod. During Test	Oil - Bbls. 34	Water - Bbls. 18	Gas- MCF 110

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (<i>pilot, back pr.</i>)	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.

Kennie H. Westbrook

Signature Ronnie H. Westbrook - Vice-President
 Printed Name 1/7/92 Title (915) 684-6631
 Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

MAY 01 '92

Date Approved _____

By _____

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.