SANTA FE Supersedes Old C-104 and C-11: REQUEST FOR ALLOWABLE Effective .1-1-65 FILE AND U.S.G.S. AU, JRIZATION TO TRANSPORT OIL AND N. JRAL GAS AND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator John H. Hendrix Address 403 Wall Towers West, Midland, Texas Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: New Well Dry Gas Oil Recompletion Condensate Change in Ownership Castnahead Gas If change of ownership give name and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee 4 Fee Brunson "C" Drinkard Location 1980 Feet From The South Line and 1980 East Feet From The _ 22**-**S 37-E , NMPM, Lea County 3 Range Township Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate P. O. Box 1510, Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent) Texas-New Mexico Pipeline Company Name of Authorized Transporter of Casinghead Gas or Dry Gas 🔀 Box 308, Omaha, Nebraska 68101 0. Northern Natural Gas Company Twp. P.ge. Sec. If well produces oil or liquids, 3 122-S : 37-E 7/23/73 P Y<u>es</u> give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: PC 203 IV. COMPLETION DATA Plug Back | Same Resty. Diff. Resty. Workover Deepen Oil Well Gas Well New Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded Tubing Depth Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Cil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Ggs - MCF Water-Bbls. Oil - Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE APPROVED_ I hereby certify that the rules and regulations of the Oil Conservation

Commission have been complied with and that the information $g(\cdot, \cdot)$ above is true and complete to the best of my knowledge and belief.

(Signature) Operator (Title)

July 19, 1973

(Date)

BY_

TITLE .

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, sell name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply

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NO. OF COPIES RECE	IVED	Ĺ	
DISTRIBUTION			
SANTA FE			
FILE			
u.s.g.s.			
LAND OFFICE			<u></u>
TRANSPORTER	OIL	⊥	<u></u>
	GAS	<u> </u>	
OPERATOR			
PRORATION OF			

	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OPERATOR PRORATION OFFICE	REQUEST F	NSERVATION COMMISSION OR ALLOWABLE AND ISPORT OIL AND NATURAL GAS	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
I.	Operator						
	ohn H. Hendrix Address 16 Central Bldg., Midland, Temas 79701						
Reason(s) for filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Dry Gas Effective August 1, 1971 Change in Owners Casinghead Gas Condensate							
	If change of ownership give namers	ace A. Wilbanks, P.O.	Box 763, Midland, Ter	xas 79701			
11.	DESCRIPTION OF WELL AND I	EASE Well No. Pool Name, Including For	rmation Kind of Lease	Lease No.			
	Lease Name Prunson HC n	4 Orinhard (Dir		Fod Ce			
	Location Unit Letter J .100 Feet From The CUTI Line and 1900 Feet From The						
	Unit Letter						
Ħ	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approved	conv of this form is to be sent)			
	Name of Authorized Transporter of Off	or Condensate	P.O. Pox 1510.11dland	.Temas 7 9701			
	Name of Authorized Transporter of Cas	trahead Cde Vill or Dry Gas	Address (Give address to which approved P.O. Pox 1650, Till Sa.	copy of this form is to be sent)			
	Shelly Oil Company	Unit Sec. Twp. Rge.	Is gas actually connected? When	1			
	If well produces oil or liquids, give location of tanks.	P 3 228 372	200	Inlinown			
IV.	If this production is commingled with that from any other lease or pool, give commingling order number C-2C2 COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.						
	Designate Type of Completic	on – (X)		2.77			
	Date Spudded	Date Compl. Ready to Prod.	Total Deptil	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/ Gus Pu/	Tubing Depth			
	Perforations			Depth Casing Shoe			
	TUBING, CASING, AND C			SACKS CEMENT			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
v	. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil an	d must be equal to or exceed top allow-			
	Oll, WELL Date First New Oil Run To Tanks Date of Test Date of Test Date of Test Date of Test Old And Request For Allowable for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)						
			Casing Pressure	Choke Size			
	Length of Test	Tubing Pressure		Gas - MCF			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.				
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shw:-in)	Choke Size			
V	VI. 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.		OIL CONSERVATION COMMISSION CFP 7 1971				
			APPROVED SEP (19/1), 19				
				grant by			
		_	TITLE Dist.	I, Supr.			
	John H Hen	P-/-	If this is a request for allow	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 of the well in accordance with RULE 111.			
	(318	nature)	I the telephon on the Well In Eccor				
	Owner-Operator	P2.1 .)	All sections of this form must be filled out completely for allow-				

(Title)

(Date)

Sept. 2, 1971

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

RECEIVED

OIL CONSERVATION COMM.

KOSEE, E. E.