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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
John H. Hendrix

Address
316 Central Bldg., Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)
REQUEST FOR AN ALLOWABLE

If change of ownership give name and address of previous owner **Humble Oil & Refg. Co., Box 1600, Midland, Texas 79701**

II. DESCRIPTION OF WELL AND LEASE

Lease Name J.L. Greenwood	Well No. 8	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The West Line of Section 9 Township 22 South Range 37 East , 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3119, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1560, Tulsa, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 9	Twp. 22S	Rge. 37E	Is gas actually connected? Yes	When Nov. 4, 1970

If this production is commingled with that from any other lease or pool, give commingling order number: **Not Commingled**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v.	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded February 2, 1971	Date Compl. Ready to Prod. February 4, 1971		Total Depth		P.B.T.D. 6792			
Elevations (DF, RKB, RT, GR, etc.) 3418 KB	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6282		Tubing Depth 6390			
Perforations 6282, 6309, 6329, 6342, 6351, 6387, 6397 & 6305					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
All casing and cement is the same as before workover.								
2 3/8" EUE J-55 @ 6390'								

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Feb. 3, 1971	Date of Test Feb. 14, 1971	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 75#	Casing Pressure 300#	Choke Size 32/64
Actual Prod. During Test 18	Oil - Bbls. 18	Water - Bbls. -0-	Gas - MCF 640

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

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.

John H. Hendrix
(Signature)

Owner-Operator

(Title)

February 23, 1971

(Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB 25 1971**, 19

BY

TITLE

SUPERVISOR DISTRICT 1

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.

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

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NEW MEXICO DEPARTMENT OF LAND AND MINES
BUREAU OF LAND MANAGEMENT
SANTA FE, NEW MEXICO 87503

Form 1-1-82
Replaces Old C-104 and C-110

Operator	
Address	
Reason(s) for filing (check one)	
New Well	
Recompletion	
Through the well	

If change of ownership, give name and address of previous owner.

DESCRIPTION OF WELL AND LEASE	
Lease Name	
Location	
Well Name	
Time of location	
County	

DESIGNATION OF TRANSPORTER OF OIL AND GAS	
Name of American Transporter	
Name of American Transporter of Gas	
If well produces gas, indicate	
Give location of tank	

7. COMPLETION DATA	
Designate type of completion	
Date Spudded	
Elevations (D, R, S, CR, etc.)	
Perforations	

HOLES SIZE	
CASING & TUBING SIZE	
CEMENT	

TEST DATA AND RELATED INFORMATION	
Test Date	
Test Time	
Test Location	

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