NO. OF COPIES RECI	EIVED		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	<u> </u>	
OPERATOR			
BROBATION OFFICE			

5-18-70

(Date)

	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  I RANSPORTER  GAS	REQUEST F	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL (	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 GAS		
	PRORATION OFFICE					
•	Operator  John H. Hendrix					
	Address 316 Central Bldg., II Reason(s) for filing (Check proper box) New Well	Change in Transporter of: Oil Dry Gas	Other (Please explain) EFFECTIVE MAY Well is disco	13. 1970 nnected from Humble's		
	Recompletion  Change in Ownership	Casinghead Gas Condens	Commingled Par	ttery*		
•	If change of ownership give nameHu and address of previous ownerHu	mble Oil & Refg. Co.	., Box 1600, Midlan	d, Texas 79701		
II. DESCRIPTION OF WELL AND LEASE   Lease Name   Well No.   Pool Name, Including Formation   Kind of Lease				se Lease No.		
	J.L. Greenwood	10 Brunson Ellen	nburger State, Feder	ral or Fee Fee		
	Location Unit Letter P ; 660	Feet From The <b>South</b> Line	e and 760 Feet From	The East		
	Olik Lekter		T 00	County		
		nship 22 South Range 37				
III.	DESIGNATION OF TRANSPORT  Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to which appr	oved copy of this form is to be sent)		
	Shell Pipeline Corpo	land Texas oved copy of this form is to be sent)				
	Name of Authorized Transporter of Casinghead Gas XX or Dry Gas Skelly Oil Company		P.O. Box 1560. Tulsa. Oklahoma			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.		/hen		
	give location of tanks.	b that from any other lease or pool.	1	OT COMMINGLED*		
IV.	f this production is commingled with that from any other lease or pool, give commingling order number: NOT COMMINGLED*  COMPLETION DATA  Oil Well   Gas Well   New Well   Workover   Deepen   Plug Back   Same Res'v.   Diff. Res'v.					
	Designate Type of Completio			P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.1.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoe		
		TUBING, CASING, AND	D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
				il and much be count to or exceed top allows		
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	Date of Test	Producing Method (Flow, pump, gas	ttyt, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	Gas - MCF		
	Actual 1 tour 5 at my					
	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		
			OU CONSERV	VATION COMMISSION		
VI	VI. CERTIFICATE OF COMPLIANCE  I hereby certify that their ules and redulations 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.		TITLE SUPERVISOR DISTRICT  This form is to be filed in compliance with RULE 1104.			
	Sign (Sign	nature)	well, this form must be accompanied by a tabulation of the determinant taken on the well in accordance with RULE 111.			
	Owner (Title)		All sections of this form must be filled out completely for allow able on new and recompleted wells.			

able 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

MAY 1 9 1970
OIL CONSERVATION COMM.
HOBBS, N. M.