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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator John H. Hendrix Corporation		Well API No. 30-025-10150
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		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Penrose Federal	Well No. 1	Pool Name, Including Formation Blinebry	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No. LC069162
Location Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line Section 9 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"/> Sid Richardson Gasoline Co.	Address (Give address to which approved copy of this form is to be sent) 201 Main St., Fort Worth, TX 76102	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 9
	Twp. 22S	Rge. 37E
	Is gas actually connected? Yes	When? 8/23/93

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	X					X		X
Date Spudded	Date Compl. Ready to Prod. 8/11/93		Total Depth 8224'		P.B.T.D. 6220'			
Elevations (DF, RKB, RT, GR, etc.) 3429' DF	Name of Producing Formation Blinebry		Top Oil/Gas Pay 5435'		Tubing Depth 5391'			
Perforations 5435, 40, 47, 61, 68, 73, 80, 84, 88, 96, 5505, 02,	Depth Casing Shoe 8224'							
03, 61, 75, 83, 91, 5774, 80, 83, 88, 5813, 61, 67, 72,								
75, 77, 82, & 5885'								
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	NC							

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.)

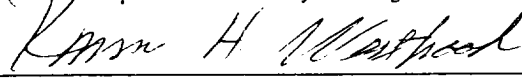
Date First New Oil Run To Tank 8/22/93	Date of Test 8/22/93	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 120	Casing Pressure Pkr.	Choke Size 21/64"
Actual Prod. During Test	Oil - Bbls. 20	Water - Bbls. 34	Gas- MCF 260

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.


Signature
Ronnie H. Westbrook-Vice-President
Printed Name Title
Date **8/24/93** Telephone No. **(915) 684-6631**

OIL CONSERVATION DIVISION

Date Approved **AUG 26 1993**
By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR
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.