Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico y, Minerals and Natural Resources Departme

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Ţ.	T	OTRA	NSPC	ORT OIL	AND NA	TURAL GA	48				
Operator ,	<u> </u>				W			Well API No. -3c - 025-101570			
John H. Hendrix Corp								-⊃∂-	025-10	150 ·	
Addr&23 W. Wall, Suite	25										
Midland, TX 79701 Reason(s) for Filing (Check proper box)					Oth	r (Please explo	ain)				
New Well	(Change in	Transpor	ter of:	_ 00	1 4		1000)		
Recompletion	Oil		Dry Gas		ellec	teve 7	nay 1	,1990)		
Change in Operator X	Casinghead	Gas 📋	Condens	iate 📗				,			
If change of operator give name and address of previous operator MKZ	A Oil F	rope	rtie	s, 50	0 W Te	xas, Si	uite_17	230, Mi	dland	TX	
U. DESCRIPTION OF WELL		_						79	701-42	7,1	
Lease Name Well No. Pool Name, Includi					ng Formation			Kind of Lease Federal Lease No. State, Federal or Fee LC069162			
Penrose 1 Drinkard								State, receiptor ree LCU09102			
Location	•					I,					
Unit LetterF	_:198	30	Feet Fro	m The N	orth_Lin	and _1981	(<u>) </u>	et From The	West	Line	
			. h	 ~	. N	4 D. A			Lea	County	
Section 9 Townshi	<u>p22</u> _	Sout	Heange	37 E	ast N	virivi,				County	
Ш. DESIGNATION OF TRAN	SPORTE	OF O	IL ANI	NATU	RAL GAS	<u>. </u>					
Name of Authorized Transporter of Oil		or Conder		\exists	Address (Giv	e address 10 wi					
Scurlock Permian Corporation						Box 4648, Houston, TX 77210-4648 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casin		\boxtimes	or Dry (Gas 🗀	1					nu)	
	Sid Richardson Gasoline Co. [[well produces oil or liquids, Unit Sec. Twp. Rge.					201 Main Street, Midland, TX When 7 Yes 9/8/75					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	l v.ge.) gas accura	es		9/8/75	5		
If this production is commingled with that	from any othe	r lease or	pool, give	commingl	ing order num	жг:					
V. COMPLETION DATA	•						·		·	<u> </u>	
	(11)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		l	!_		Total Depth	L		10070	<u> </u>	<u>.l</u>	
Date Spudded	Date Compl. Ready to Prod.				Total Depui			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
:levations (DP, RAB, RI, GR, Ele.)											
Perforations	<u> </u>				·			Depth Casin	g Shoe		
								<u> </u>			
	TUBING, CASING AND				CEMENTI		D				
HOLE SIZE	CASING & TUBING SIZE				ļ 	DEPTH SET		SACKS CEMENT			
	- 					·-···		<u> </u>			
	-							<u> </u>			
										·	
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE	-	<u> </u>						
OIL WELL (Test must be after r	ecovery of total	al volume	of load o	il and must	be equal to or	exceed top all	owable for this	depih or be	for full 24 how	rs.)	
Date First New Oil Run To Tank	Date of Test				Producing M	thod (Flow, pi	ump, gas lýt, e	tc.)			
	<u></u>				Casing Press	ine		Choke Size			
Length of Test	Tubing Pressure			Company a recommendation of the commendation o							
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
										<u> </u>	
GAS WELL											
Actual Prod. Test - MCF/D	Length of T	est			Bbls. Conden	sate/MMCF		Gravity of C	Condensate		
								(C.) 8!			
lesting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
	<u></u>	<u> </u>			\ <u></u>			J			
VI. OPERATOR CERTIFIC				CE	\parallel	DIL CON	JSFRV.	ATION	DIVISIO	N	
I hereby certify that the rules and regul	ations of the C	Dil Conset	vation		\		, J 1 V /				
Division have been complied with and is true and complete to the best of my	mai me infort knowledge an	muon giv d belief.	CH ROOVE		D=1-	Anneaus	vd.	MA	Y 24 19	133	
	/				Date	Approve	u			<u></u>	
Khinde Cour	Z					SOCOLIST C	IGNED BY	JERRY SEX	CTON		
Signature					By ORIGINAL SIGNED BY JERRY SEXTON						
Rhonda_Hunter	Рэ	codA							•		
Printed Name 8 - 93	915-684-	-6631	Title	_	Title				····		
Dale:	717 004		ephone N	o.							

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.