

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
John H. Hendrix Corporation

Address
223 W. Wall, Suite 525, Midland, Texas 79701

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas	Other (Please explain) Effective 1/1/87
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/>	<input type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership				

If change of ownership give name and address of previous owner Samedan Oil Corporation, 600 N. Marienfeld, Suite 320, Midland, Tx 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Parks "A"</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Drinkard</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>P</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>14</u> Township <u>22-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Texas New Mexico Pipeline</u>	<u>Box 2528, Hobbs, New Mexico 88240</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Texaco Producing</u>	<u>Box 1137, Eunice, New Mexico 88231</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>P</u> <u>14</u> <u>22-S</u> <u>37-E</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Phonda Hunter
(Signature)
Production Assistant
(Title)
January 7, 1987
(Date)

OIL CONSERVATION DIVISION
APPROVED JERRY SEXTON, 1987
BY JERRY SEXTON
DISTRICT SUPERVISOR
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, 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.