

# OIL CONSERVATION DIVISION

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

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>John H. Hendrix Corporation</b>		Well API No.
Address <b>223 W. Wall, Suite 525 Midland, TX 79701</b>		
<input type="checkbox"/> Other (Please explain)		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/>	Condensate <input type="checkbox"/>
Change of operator give name and address of previous operator		EFFECTIVE JANUARY 1, 1990

I. DESCRIPTION OF WELL AND LEASE		Kind of Lease State, Federal or Fee	Lease No.
Lease Name <b>Parks "A"</b>	Well No. <b>5</b>	Pool Name, Including Formation <b>Blinbry Oil &amp; Gas</b>	
Location			
Unit Letter <b>O</b>	: <b>660</b>	Feet From The <b>South</b> Line and <b>1980</b>	Feet From The <b>East</b> Line
Section <b>14</b>	Township <b>22-S</b>	Range <b>37-E</b>	NMPM, Lea County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Texas New Mexico Pipeline</b>	<b>Box 2528, Hobbs, New Mexico 88240</b>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>John H. Hendrix Corporation</b>	<b>223 W. Wall, Suite 525, Midland, Tx 79701</b>		
If well produces oil or liquids, give location of tanks. <b>SW/4</b>	Unit <b>A</b>	Sec. <b>14</b>	Twp. <b>22S</b> Rge. <b>37E</b>
Is gas actually connected? <b>Yes</b>		When? <b>1-20-89</b>	
If this production is commingled with that from any other lease or pool, give commingling order number: <b>PC-752</b>			

V. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
Perforations						Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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.	
<i>Thonda Hunter</i>	
Signature	Prod. Asst.
Printed Name <b>Thonda Hunter</b>	Title
Date <b>2-2-90</b>	Telephone No. <b>915-684-6631</b>

OIL CONSERVATION DIVISION	
Date Approved <b>FEB 06 1990</b>	
By <i>[Signature]</i>	TRICKY 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.