

OIL CONSERVATION DIVISION

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

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

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

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>		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	<i>Reclassify to oil 2-1-89</i>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input checked="" 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 <b>Parks "A"</b>	Well No. <b>5</b>	Pool Name, Including Formation <b>Blinebry Oil</b>	Kind of Lease State, Federal or Fee	Lease No. <b>Fee</b>
Location				
Unit Letter <b>0</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, <b>Lea</b> 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"/>	Address (Give address to which approved copy of this form is to be sent)	
<b>Texas-New Mexico Pipeline</b>	<b>P. O. Box 2528, Hobbs, NM 88240</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<b>Northern Natural Gas</b>	<b>223 Dodge Street, Omaha, NE 60102</b>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
<b>SW/4</b>	<b>A</b>	<b>14</b>
	Twp.	Rge.
	<b>22S</b>	<b>37E</b>
Is gas actually connected?	When?	
<b>Yes</b>	<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>		

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
	<b>X</b>			<b>X</b>			<b>X</b>	
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 <b>1-20-89</b>	Date of Test <b>1-23-89</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flowing</b>	
Length of Test <b>24</b>	Tubing Pressure <b>120#</b>	Casing Pressure <b>140#</b>	Choke Size <b>24/64"</b>
Actual Prod. During Test	Oil - Bbls. <b>12</b>	Water - Bbls. <b>6</b>	Gas - MCF <b>290</b>

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.

*Ronnie H. Westbrook*  
Signature  
**Ronnie H. Westbrook - Vice-Pres.**  
Printed Name  
Date **1-24-89** Telephone No. **(915) 684-6631**

OIL CONSERVATION DIVISION

**JAN 30 1989**

Date Approved  
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.

RECEIVED

JAN 25 1969

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NOBBS OFFICE