STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

		\top	
DISTRIBUTION		1	1
SANTA PE		1-	1-
FILE		1	1
V.S.O.S.		1-	1
LAND OFFICE		1	-
TRANSPORTER	OIL		
	DAS		
OPERATOR		-	
PRORATION OFFICE			

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

Form C-104 Revised 10-01-78 Format 05-01-83 Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

- Sport-101			
John H. Hendrix Corporation			
Address			
223 W. Wall, Suite 525, Midland, Text Reason(s) for Tiling (Check proper box)	<u>as 79701</u>		
1	Other (Please explain)		
Becomplettee			
Change in Ownership Casinghead Gas	Dry Gas		
	Condensate Effective 1/1/87		
If change of ownership give name and address of previous owner Samedan Oil Corpo	oration 600 N' Mautic C. I. C		
	oration, 600 N. Marienfeld, Suite 320, Midland, Tx 7970		
II. DESCRIPTION OF WELL AND LEASE			
Lease Name Well No. Pool Name, Inc	cluding Formation Kind of Lease Lease No.		
Parks "A" 5 Blinebr			
Location			
Unit Letter 0; 660 Feet From The South	Line and 1980 Feet From The East		
1.4			
Line of Section 14 Township 22 Ra	inge 37 , NMPM, Lea County		
III. DESIGNATION OF TRANSPORTER OF OU AND NO			
III. DESIGNATION OF TRANSPORTER OF OIL AND NA Name of Authorized Transporter of Oil or Condensate (**)	TURAL GAS		
Texaco Trading & Transportation Co.	Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Company One Petroleum Center, Midland, Tx 79701			
If well produces oil or liquids. Unit Sec. Twp.	Rge. Is gas actually connected? When		
give location of tanks. 0 14 22	37		
this production is commingled with that from any other lease o	or pool give compination and a market		
NOTE: Complete Parts IV and V on reverse side if necessary	y.		
7I. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION			
	11		
hereby certify that the rules and regulations of the Oil Conservation Divisio een complied with and that the information given is true and complete to the	PROVED JAN 8 1987		
y knowledge and belief.	DOSCOT		
	BY SIGNED BY JERRY SEXTON DETRICT I SUPERVISOR		
	TITLE		
Tamaa Aluti	This form is to be filed in secretary		
THURWYALMIN	This form is to be filed in compliance with MULE 1104. If this is a request for allowable for a popular 4.11.		
Production Assistant	If this is a request for silowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation		
Production Assistant (Tule)	The taken on the well in accordance with AULE 111.		
(Title) All sections of this form must be filled out complete able on new and recompleted wells.			
(Date)	Fill out only Sections I, II. III, and VI for changes of owner,		
·	in the state of trainsporter, or other such change of condition		
	Separate Forms C-104 must be filed for each pool in multiply		