

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 John H. Hendrix Corporation		Well API No.
Address 223 W. Wall, Suite 525, Midland, TX 79701		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) APPROVED FOR 300' AS		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	Request temporary permission to surface commingle with Parks No. 10 Blinbry until state approval can be obtained.
Change in Operator <input type="checkbox"/>		
Change of operator give name and address of previous operator		

I. DESCRIPTION OF WELL AND LEASE

Lease Name Parks	Well No. 6	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or <u>Fee</u>	Lease No. Fee
Location Unit Letter L : 2310 Feet From The South Line and 330 Feet From The West Line Section 14 Township 22S Range 37E , NMPM, Lea County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Sun Refining & Marketing	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2039, Tulsa, OK 74102	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Northern Natural Gas	Address (Give address to which approved copy of this form is to be sent) 223 Dodge Street, Omaha, NE 60102	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 14
	Twp. 22S	Rge. 37E
Is gas actually connected? Yes		When? 1/3/90
If this production is commingled with that from any other lease or pool, give commingling order number: Pending		

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input checked="" type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod. 12/11/89		Total Depth 6455'		P.B.T.D. 6439'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Drinkard		Top Oil/Gas Pay		Tubing Depth 6276'			
Perforations 6241-6418					Depth Casing Shoe 6440'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	13-3/8"	288'	350
12-1/4"	9-5/8"	2837'	500
8-3/4"	7"	6436'	500
7"	4-1/2"	6440'	685

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 1/3/90	Date of Test 1/16/90	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure 65	Casing Pressure 65	Choke Size -
Actual Prod. During Test	Oil - Bbls. 6	Water - Bbls. 5	Gas- MCF 449

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-President
Printed Name
1/30/90 **915 684-6631**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **FEB 01 1990**
SIGNED BY **JERRY BENSON**
By **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.