

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

| | |
|------------------------|-----|
| NO. OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRORATION OFFICE | |

I.

| | |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Operator John H. Hendrix | |
| Address 316 Central Bldg, Midland, Texas 79701 | |
| Reason(s) for filing (Check proper box) | CASINGHEAD GAS MUST NOT BE FLARED AFTER UNLESS AN EXCEPTION TO R-4070 IS OBTAINED. |
| New Well <input checked="" type="checkbox"/> | |
| Recompletion <input type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | |
| Change in Transporter of: | |
| Oil <input type="checkbox"/> | Dry Gas <input type="checkbox"/> |
| Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/> |

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-------------------------------|----------------------|-----------------------------------------------------------------|---------------------------------------------------|-----------|
| Lease Name Cossatot | Well No. 1 | Pool Name, Including Formation Wants Abo (Abo) R-4207 | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location | | | | |
| Unit Letter G | 2310 | Feet From The North Line and 2310 | Feet From The East | |
| Line of Section 12 | Township 22S | Range 37E | NMPM, Lee | 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) | | | |
| Texas New Mexico Pipeline | P.O. Box 374, Sunice, New Mexico | | | |
| 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) | | | |
| Skelly Oil Company | P.O. Box 1650, Tulsa, Oklahoma | | | |
| If well produces oil or liquids, give location of tanks. | Unit G | Sec. 12 | Twp. 22S | Rge. 37E |
| | | | | Is gas actually connected? Yes |
| | | | | When Aug., 1971 |

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

IV. COMPLETION DATA

| | | | | | | | | |
|------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------|-----------------------------------|------------------------------------------|------------------------------------|--------------------------------------|---------------------------------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v. <input type="checkbox"/> | Diff. Res'v. <input type="checkbox"/> |
| Date Spudded 6-15-71 | Date Compl. Ready to Prod. 8-9-71 | Total Depth 7000 | P.B.T.D. 6937 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3345 DF | Name of Producing Formation Wants Abo | Top Oil/Gas Pay 6663 | Tubing Depth 6900 | | | | | |
| Perforations 6663-6908 | Depth Casing Shoe 6982 | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE 12 1/8" 7 7/8" | CASING & TUBING SIZE 8 5/8" 5 1/2" 2 3/8" | | DEPTH SET 1246 6982 6900 | | SACKS CEMENT 550 550 | | | |

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 Tanks 8-9-71 | Date of Test 8-10-71 | Producing Method (Flow, pump, gas lift, etc.) Flowing | |
| Length of Test 24 hours | Tubing Pressure 95 | Casing Pressure Packer | Choke Size 30/64" |
| Actual Prod. During Test 64 Bbls | Oil - Bbls. 20 | Water - Bbls. 44 | Gas - MCF 220 |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size |

VI. CERTIFICATE OF COMPLIANCE

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

John H. Hendrix
(Signature)
Owner-Operator
(Title)
August 12, 1971
(Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 16 1971**, 19
BY **J. R. [Signature]**
TITLE **SUPERVISOR DISTRICT I**

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.

1981 2 20

RECEIVED

AUG 13 1971

OIL CONSERVATION COMM.
HOBBS N. M.

RECEIVED