

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<br>John H. Hendrix Corporation<br>11823 W. Wall, Suite 525<br>Midland, TX 79701  |  | Well API No.<br>30-025-23933               |
| Reason(s) for Filing (Check proper box)<br>New Well <input type="checkbox"/> Completion <input type="checkbox"/> Change in Operator <input type="checkbox"/>                      |  | Other (Please explain)<br>Effective 6/1/91 |
| Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/> |  |  |
| Change of operator give name<br>Address of previous operator  |  |  |

|  |  |          |                                |  |           |
|--|--|----------|--------------------------------|--|-----------|
| DESCRIPTION OF WELL AND LEASE  |  | Well No. | Pool Name, Including Formation | Kind of Lease FEE<br>State, Federal or Fee | Lease No. |
| Well Name<br>Cossatot B  |  | 1        | Brunson Drinkard Abo, S.       |  |           |
| Location<br>Unit Letter O : 660 Feet From The South Line and 2310 Feet From The East Line<br>Section 12 Township 22-S Range 37-E, NMPM, Lea County |  |          |                                |  |           |

|   |  |  |      |      |                            |         |
|---|--|--|------|------|----------------------------|---------|
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   |  | Address (Give address to which approved copy of this form is to be sent) |      |      |                            |         |
| Transporter of Oil or Condensate<br>Permian SCURLOCK PERMIAN CORP EFF 9-1-91                            | <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Box 1183, Houston, TX 77001  |      |      |                            |         |
| Transporter of Casinghead Gas<br>Texaco Exp. & Prod. Inc.   | <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>    | Box 3000, Tulsa, OK 74102  |      |      |                            |         |
| Well produces oil or liquids,<br>or location of tanks.  | Unit   | Sec.   | Twp. | Rge. | Is gas actually connected? | When?   |
|   |  |  |      |      | Yes                        | 8-16-90 |
| If this production is commingled with that from any other lease or pool, give commingling order number: |  |  |      |      |                            |         |

|                                      |                             |                 |          |          |          |                   |           |            |            |
|--------------------------------------|-----------------------------|-----------------|----------|----------|----------|-------------------|-----------|------------|------------|
| 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.          |           |            |            |
| Measurements (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay |          |          |          | Tubing Depth      |           |            |            |
| Measurements                         |                             |                 |          |          |          | Depth Casing Shoe |           |            |            |

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

|   |                 |   |            |
|---|-----------------|---|------------|
| TEST DATA AND REQUEST FOR ALLOWABLE   |                 |   |            |
| NEW WELL (Test must be after recovery of total volume of lost 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/MCF      | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

|  |                               |
|--|-------------------------------|
| I. 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. |                               |
| Signature<br>Rhonda Hunter   | Prod. Asst.<br>Title          |
| Date<br>6-19-91  | Telephone No.<br>915-684-6631 |

|                           |  |
|---------------------------|--|
| OIL CONSERVATION DIVISION |  |
| Date Approved JUN 19 1991 |  |
| By                        |  |
| 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.