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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

I.

Operator <u>John P. Hendrix</u>	
Address <u>215 Central Blvd., Midland, Texas 79701</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
IS OBTAINABLE	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Consolidated</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Granito Wash</u>	Kind of Lease <u>Fee</u>	Lease No.
Location				
Unit Letter	<u>330</u>	Feet From The <u>West</u> Line and <u>330</u> Feet From The <u>South</u>		
Line of Section	<u>12</u>	Township <u>22 South</u>	Range <u>37 East</u>	County <u>Lee</u>

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) <u>P.O. Box 1153, Houston, Texas 77001</u>	
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)	
Casinghead Gas is not presently contracted.		
If well produces oil or liquids, give location of tanks.	Unit <u>12</u>	Sec. <u>330</u> Twp. <u>37E</u> Rge. <u>37E</u>
Is gas actually connected?		When
<u>No</u>		

If this production is commingled with that from any other lease or pool, give commingling order number: Not Commingled

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 <u>12-1-71</u>	Date Compl. Ready to Prod. <u>1-5-72</u>	Total Depth <u>7322</u>		P.B.T.D. <u>7311</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3345 D</u>	Name of Producing Formation <u>Granito Wash</u>	Top Oil/Gas Pay <u>7201</u>		Tubing Depth <u>7250</u>					
Perforations <u>7201, 7230, 7249, 7265, 7273, 7280, 7290 & 7297.</u>		Depth Casing Shoe <u>7321</u>							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
<u>13 1/4"</u>	<u>8 1/2"</u>		<u>1166</u>		<u>425</u>				
<u>6 3/4"</u>	<u>5 1/2"</u>		<u>7321</u>		<u>600</u>				

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 <u>1-5-72</u>	Date of Test <u>1-6-72</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>24</u>	Tubing Pressure <u>304</u>	Casing Pressure <u>Packer</u>	Choke Size <u>38/64</u>
Actual Prod. During Test <u>36</u>	Oil-Bbls. <u>36</u>	Water-Bbls. <u>-0-</u>	Gas-MCF <u>125</u>

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)
John H. Hendrix
(Title)
1-7-72
(Date)

OIL CONSERVATION COMMISSION
APPROVED JAN 10 1972, 19____
BY John H. Hendrix
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.

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