

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

Form C-104  
Supersedes OIL C-104 and  
Effective 1-1-65

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANS. CENTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator

John H. Hendrix Corporation

Address

525 Midland Tower, Midland, Texas 79701

Records fee (Check proper box)

New Well ☐

Change in Transporter of:

Recompletion ☐

Oil ☐

Dry Gas ☐

Change in Conditions ☒

Casinghead Gas ☐

Condensate ☐

Effective 1/1/77

If change of owner, give name  
and address of previous owner

John H. Hendrix, 525 Midland Tower, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Footage, including perforations	Kind of Lease	State, Federal or Fee	Fee
Cossatot B	3	S. Brown Drinkard, Ala. Drinkard R-8693 2/1/88			
Location	Unit Letter	N 330	Feet From The	South	Line and 2080
			Feet From The	West	
Line of Section	12	Township	22-S	Range	37-E
				NMPM,	Lea

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)	
The Permian Corporation	P. O. Box 1183, Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	P. O. Box 1492, El Paso, Texas 79999	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
Is gas actually connected?	When	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

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	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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

I. 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.

June 1 Wright  
(Signature)

Production Clerk

(Title)

January 18, 1977

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19

BY \_\_\_\_\_ Orig. Signed by

TITLE \_\_\_\_\_ Jerry Sexton

Dist 1, Supv.

This form is to be filed in compliance with RULE 1101.

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.