

SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRORATION OFFICE

REQUEST FOR ALLOWABLE
AND
AUTORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. Operator
JOHN H. HENDRIX
Address
403 Wall Towers West Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
OIL AND GAS MUST NOT BE
PRODUCED FROM THIS WELL
IN ADDITION TO R-4070
15-1-1972

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cossatot "C"	Well No. 2	Pool Name, including Formation Drinkard-Drinkard	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter I : 1650 Feet From The South Line and 990 Feet From The East Line of Section 24 Township 22 South Range 37 East , NMPM, Lea 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1103 HOUSTON, TEXAS					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) EL PASO, TEXAS					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 24	Twp. 22S	Rge. 37E	Is gas actually connected? No	When

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 5-23-72	Date Compl. Ready to Prod. 7-1-72	Total Depth 7012	P.B.T.D. 6971					
Elevations (DF, RKB, RT, GR, etc.) 3327 DF	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6609	Tubing Depth 6408					
Perforations 6909, 6895, 6869, 6851, 6836, 6806, 6783, 6771, 6762, 6739 & 6609			Depth Casing Shoe 6972					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		1131'		400			
7 7/8"	5 1/2"		6972'		525			
	2 3/8"		6408'					

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)

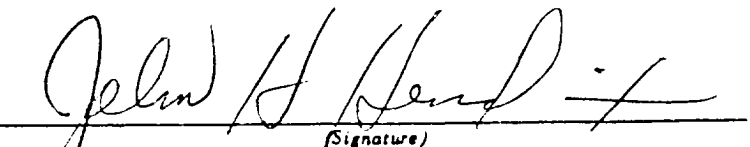
Date First New Oil Run To Tanks 7-1-72	Date of Test 7-2-72	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 110#	Casing Pressure Packer	Choke Size 40/64"
Actual Prod. During Test 15	Oil - Bbls. 5	Water - Bbls. 10	Gas - MCF 510

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.


(Signature)
Owner
(Title)
July 3, 1972
(Date)

OIL CONSERVATION COMMISSION
JUL 7 1972
APPROVED _____, 19____
BY _____
Orig. Signed by
John Runyan
Geologist
TITLE _____
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



RECEIVED

JUL 1 1972

U. S. HOUSE OF REPRESENTATIVES
FLOOR