

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 John H. Hendrix Corporation	Well API No. 20-0254 12/1
Address 223 W. Wall, Suite 525, Midland, TX 79701	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Change name to Parks No. 9 Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Parks	Well No. 9	Pool Name, Including Formation Blinebry	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line Section 14 Township 22S Range 37E , NMPM, Lea County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Sun Refining & Marketing	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2039, Tulsa, OK 74102					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> John H. Hendrix Corporation	Address (Give address to which approved copy of this form is to be sent) 223 W. Wall, Suite 525, Midland, TX 79701					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 14	Twp. 22S	Rge. 37E	Is gas actually connected? Yes	When? 2/7/90

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded -	Date Compl. Ready to Prod. 2/5/90		Total Depth 6475'		P.B.T.D. 6150'			
Elevations (DF, RKB, RT, GR, etc.) 3337' GR	Name of Producing Formation Blinebry		Top Oil/Gas Pay 5382'		Tubing Depth 5320'			
Perforations 5382, 99, 5417, 47, 61, 5517, 29, 40, 64, 87, 5614, 22, 41, 5703, 25, 40, 51, 68, 79, 98'					Depth Casing Shoe 6475'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 11"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 1107'		SACKS CEMENT 450			
7-7/8"	5-1/2"		6475'		200			

TEST DATA AND REQUEST FOR ALLOWABLE

IL 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 Tank 2/7/90	Date of Test 2/13/90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 80	Casing Pressure Pkr.	Choke Size 20/64"
Actual Prod. During Test	Oil - Bbls. 7	Water - Bbls. 1	Gas - MCF 121

IAS 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

VI. 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.

Ronnie H. Westbrook
Signature
Ronnie H. Westbrook Vice-President
Printed Name
2/15/90 **915 684-6631**
Date Telephone No.

OIL CONSERVATION DIVISION
FEB 19 1990

Date Approved
By *JERRY SEASON* SIGNED BY JERRY SEASON
DISTRICT I SUPERVISOR
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.

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FEB 19 1990

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