

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator John H. Hendrix Corporation		Well API No. 3D-025-24228
Address 223 W. Wall, Suite 525, Midland, TX 79701		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
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		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hinton	Well No. 11	Pool Name, Including Formation Tubb Gas	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter F : 2310 Feet From The North Line and 2310 Feet From The West Line Section 12 Township 22S Range 37E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Scurlock Permian	Address (Give address to which approved copy of this form is to be sent) 333 Clay, Box 4648, Houston, TX 77210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Texaco Exploration & Producing, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1650, Tulsa, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 12
	Twp. 22S	Rge. 37E
	Is gas actually connected? Yes	When? 6/26/93

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
		X				X		X
Date Spudded -	Date Compl. Ready to Prod. 6/16/93		Total Depth 7370'		P.B.T.D. 6185' RBP			
Elevations (DF, RKB, RT, GR, etc.) 3343 Gr.	Name of Producing Formation Tubb		Top Oil/Gas Pay 5930'		Tubing Depth 5970'			
Perforations 5952, 6014, 30, 35, 51, 57, 63, 75, 77, 90, 97, 6109, 6121'					Depth Casing Shoe 7370'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	NA							

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 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 275	Length of Test 24	Bbls. Condensate/MMCF 2	Gravity of Condensate 40.1
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) Pumping	Casing Pressure (Shut-in) 310	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
7/9/93 **(915) 684-6631**
Date Telephone No.

OIL CONSERVATION DIVISION

AUG 12 1993

Date Approved
By **ORIGINAL SIGNED BY JERRY SEXTON**
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.