NEW MEATUR OIL CONSERVATION COMMISSION Form C-104 SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 FILE Effective 1-1-65 AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS .. AND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator John H. Hendrix Address 403 Wall Towers West Reason(s) for filing (Check proper box) Midland, Texas 79701 Other (Please explain) XNew Well Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Weil No. Pool Name, Including Formation Kind of Lease Lease No. 1 State, Federal or Fee Fee Drinkard-Drinkard Morning Glory Location North Line and 330 1880 East Feet From The Feet From The 22S 37E Lea 17 Line of Section Township Range . NMPM County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil 💟 Address (Give address to which approved copy of this form is to be sent) or Condensate P.O. Box 1103 Houston, Texas The Permian Corp. Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent) Unit Sec. Twp. P.ge. Is gas actually connected? When If well produces oil or liquids, give location of tanks. 'Η 17 22S ! 37E No If this production is commingled with that from any other lease or pool, give commingling order number: Not Commingled IV. COMPLETION DATA Oil Well Gas Well New Well Deepen Plug Back Same Res'v. Diff, Res'v. Designate Type of Completion - (X) X Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 10 - 3 - 7210-26-72 66001 6556 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth 3400 DF 6357 6500 Drinkard Perforations Depth Casing Shoe 6590 6357,6365,6388,6403,6426,6433,6439,6454,6470, & 6479 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET 8 5/8" 1123 400 11 5 1/26590 550 <u>2_3/8</u> <u>6500</u> (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) 10-26-72 Flowing Choke Size Casing Pressu Length of Test Tubing Pressure 22/64" 15 hours Actual Prod. During Test 175排 Packer Gas - MCF Oil - Bble. Water - Bbls. 198/24 hr 0 814 124 124

GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)

VI. CERTIFICATE OF COMPLIANCE

October 30, 1972

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.

Jana budhilan	
(Signature)	
Accountant	
(Title)	- 1

(Date)

3 19/2 NUV APPROVED

OIL CONSERVATION COMMISSION

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

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g - C. ASERVATION COMM. HODDS, W. M.