

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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION 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)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	THIS WELL HAS BEEN PLACED IN THE PROOF REGISTERED BELOW IF YOU DO NOT CO-OPER NOTIFY THIS OFFICE. 11/8/72 NOT BE TO E-4070
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE PROOF
REGISTERED BELOW IF YOU DO NOT CO-OPER
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cossatot "E"	Well No. 1	Pool Name, Including Formation Undesignated Granite Wash	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Want 2 - Granite Wash R-4604				
Unit Letter M ; 600 Feet From The South Line and 330 Feet From The West				
Line of Section 13 Township 22S Range 37E , 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"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corp	P.O. Box 1103 Houston, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum Corp.	P.O. Box 1589 Tulsa, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 13	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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 9-26-72	Date Compl. Ready to Prod. 11-8-72		Total Depth 7547		P.B.T.D. 7523			
Elevations (DF, RKB, RT, GR, etc.) 3330 DF	Name of Producing Formation Granite Wash		Top Oil/Gas Pay 7170		Tubing Depth 7420			
Perforations 7170, 7197, 7215, 7271, 7313, 7330, 7337, 7352, 7369, 7383, & 7392					Depth Casing Shoe 7547			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4 & 11	8 5/8		1122		400			
7 7/8	5 1/2		7547		645			
	2 3/8		7420					

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 11-8-72	Date of Test 11-9-72	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 55 #	Casing Pressure Packer	Choke Size 30/64"
Actual Prod. During Test 55	Oil-Bbls. 52	Water-Bbls. 3	Gas-MCF 135

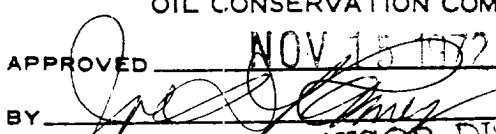
GAS WELL

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)
Accountant
(Title)
November 9, 1972
(Date)

OIL CONSERVATION COMMISSION
APPROVED  NOV 15 1972, 19
BY
TITLE SUPERVISOR DISTRICT I

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