

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

AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Effective 1-1-65

I.

Operator  
John H. Hendrix  
Address  
403 Wall Towers West, Midland, Texas  
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)  
To be dual completed with Granite Wash zone.  
If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Cossatot "F"</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Drinkard</u>	Kind of Lease State, Federal or Fee <u>fee</u>	Lease No.
Location Unit Letter <u>C</u> ; <u>330</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>23</u> Township <u>22-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> 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"/> <u>The Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1103, Houston, Texas 77001</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1492, El Paso, Texas 79910</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>23</u>	Twp. <u>22-S</u>	Pge. <u>37-E</u>	Is gas actually connected? <u>Yes</u>	When <u>7-09-73</u>

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 Rest'v.	Diff. Rest'v.
		<u>X</u>						<u>X</u>
Date Spudded <u>12-29-72</u>	Date Compl. Ready to Prod. <u>5-9-73</u>		Total Depth <u>7324'</u>		P.B.T.D. <u>7319'</u>			
Elevations (DF, RKB, RT, CR, etc.) <u>3336</u>	Name of Producing Formation <u>Drinkard</u>		Top Oil/Gas Pay <u>6197'</u>		Tubing Depth <u>7240'</u>			
Perforations <u>6197'-6925' with 26 holes</u>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>11"</u>	<u>8 5/8"</u>		<u>1134'</u>		<u>450</u>			
<u>7 7/8"</u>	<u>5 1/2"</u>		<u>7324'</u>		<u>635</u>			
	<u>2 3/8"</u>		<u>6900'</u>					

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	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 <u>890</u>	Length of Test <u>24 hrs.</u>	Bbls. Condensate/MCF <u>9</u>	Gravity of Condensate <u>41°</u>
Testing Method (pilot, back pr.) <u>back pressure</u>	Tubing Pressure (Shut-in) <u>650</u>	Casing Pressure (Shut-in) <u>packer</u>	Choke Size <u>28/64"</u>

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.

Paula Pennington  
(Signature)  
Accountant  
(Title)  
July 18, 1973  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
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 deviated 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 multiple completions.