

SANITARY		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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

Operator John H. Hendrix

Address 403 Wall Towers West, Midland, TX 79701

Reason(s) for filing (Check proper box)

New Well	☒	Change in Transporter of:		Other (Please explain)
Recompletion	☐	Oil	☐	<u>DRY GAS MUST NOT BE</u>
Change in Ownership	☐	Casinghead Gas	☐	<u>3/1/72</u>
		Dry Gas	☐	<u>NO TRANSPORTATION TO R-4570</u>
		Condensate	☐	<u>IS OBTAINED.</u>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Well Name, including Formation	Kind of Lease	Lease No.
<u>Cossatot "C"</u>	<u>3</u>	<u>E. Brunson Granite Wash</u>	State, Federal or Fee	<u>Fee</u>
Location		<u>Wantz Granite Wash N-4604</u>		
Unit Letter <u>J</u>	<u>1650</u>	Feet From The <u>South</u> Line and <u>2210</u>	Feet From The <u>East</u>	
Line of Section <u>24</u>	Township <u>22S</u>	Range <u>37E</u>	Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
<u>The Permian Corporation</u>	<u>P. O. Box 1103, Houston, TX 77001</u>
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
<u>Warren Petroleum Company</u>	<u>P. O. Box 1589, Tulsa, OK 74101</u>
If well produces oil or liquids, give location of tanks.	Unit <u>G</u> Sec. <u>24</u> Twp. <u>22S</u> Rge. <u>37E</u>
	Is gas actually connected? <u>No</u> 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
<u>X</u>	<u>X</u>							
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.E.T.D.		
<u>11-14-72</u>	<u>12-29-72</u>	<u>7430'</u>				<u>7428'</u>		
Elevations (DE, RKB, RT, GP, etc.)	Name of Producing Formation	Top Oil-Gas Pay				Trueing Depth		
<u>3312.6 GL</u>	<u>Granite Wash</u>	<u>7174'</u>				<u>7358'</u>		
Perforations						Depth Casing Shoe		
						<u>7430'</u>		
TUBING, CASING, AND CEMENTING LOGS								
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>7430'</u>				<u>645</u>		
	<u>2 3/8"</u>	<u>7358'</u>						

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead 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.)
<u>12-29-72</u>	<u>12-30-72</u>	<u>Flowing</u>
Length of Test	Testing Pressure	Casing Pressure
<u>24 hrs.</u>	<u>85%</u>	<u>Packer</u>
Actual Prod. During Test	Oil-Bbl.	Water-Bbl.
<u>64</u>	<u>48</u>	<u>16</u>
		Gas-MCF
		<u>132</u>

GAS WELL

Actual Prod. Feet-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. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information shown above is true and complete to the best of my knowledge and belief.

(Signature)
[Signature]
(Title)
Accountant
(Date)
January 11, 1972

OIL CONSERVATION COMMISSION
APPROVED [Signature] 19 1972
BY [Signature]
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

914 VAUGHN BUILDING
MIDLAND, TEXAS 79701

New Mexico Oil & Gas Commission
P. O. Box 1980
Hobbs, New Mexico 88240

Gentlemen:

We submit the following deviation surveys for your information.

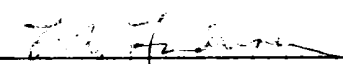
Field Name Drinkard County Lea State New Mexico
Operator John H. Hendrix Address Wall Towers City Midland, Texas
Lease Name Cossatot Well No. C-3 Section 24 Township 22-S Range 37-E

[illegible]

Survey was run in Drill Pipe.

Certification of Personal Knowledge Inclination Data:

I hereby certify that I have personal knowledge of the data and facts on this form and that such information given above is true and complete.


C. M. Anderson, Manager

ROBINSON BROS. DRILLING CO.

Sworn and Subscribed to me this the 11th day of December 19 72.

My commission expires 6-1-73.


Notary in and for Midland County,
Texas