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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Superseded 6-22-1967
Effective 1-1-68

I. OPERATOR
Operator
John H. Hendrix Corporation
Address
525 Midland Tower, Midland, Texas 79701
Reason(s) for filing (check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Gashead Gas ☐ Gas ☐ Effective 1/1/77
Change in ownership name and address of previous owner John H. Hendrix, 525 Midland Tower, Midland, Texas 79701

II. DESIGNATION OF POOL AND LEASE
Lease Name
Cossatot H
Well No. 1 Pool Name, Including Formation Drinkard
Kind of Lease State, Federal or Fee Fee
Location
Unit Letter L 2310 Feet From The South Line and 330 Feet From The West
Line of Section 13 Township 22-S Range 37-E, NMPM, Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS SCURLOCK PERMIAN CORP EFF 9-1-91
Name of Authorized Transporter of Oil ☐ or Condensate ☒
The Permian Corporation Permian (Eff 9 / 1 / 87) Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Gashead Gas ☐ or Dry Gas ☒
El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1492, El Paso, Texas 79999
If well produces oil or liquids, give location of tanks, Unit Sec. Twp. Rge. Is gas actually connected? When

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 Some Restr. H.H. R.
Date Spudded Date Compl. Ready to Prod. Total Depth F.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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 Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

I. 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.
Production Clerk
January 18, 1977
OIL CONSERVATION COMMISSION
APPROVED
BY
TITLE
This form is to be filed in compliance with RULE 1101.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the completion 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 change of owner, well name or number, or transporter, or other such change of condition.