Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

Revised 1-1-89 Instruction at Bottom of Page

OLL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30-025-24434 John H. Hendrix Corporation Addr&£3 W. Wall, Suite 525 Midland, TX 79701 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of New Well Effective 7/13/93 Dry Gas Recompletion Casinghead Gas X Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of LeasoFEE Lease No. Well No. Pool Name, Including Formation Lease Name State, Federal or Fee Wantz Granite Wash Cossatot H Location 1650 Feet From The South Line and 1980 Feet From The Unit Letter \_\_\_ County 37-E , NMPM, 22-S Range 13 Township Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil me of Authorized Transporter of Oil or Condens

Scurlock Permian Corporation Box 4648, Houston, TX 77210-4648
Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas 201 Main Street, Ft. Worth, TX
as actually connected? When 7 Sid Richardson Gasoline Co. ls gas actually connected? Twp. Unit Rge. Sec. If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Deepen Plug Back Same Res'v Diff Res'v Gas Well New Well | Workover Oil Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE V. TEST DATA AND REQUES'T FOR ALLOWABLE (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.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. GAS WELL Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test - MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) lesting Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Date Approved 111 2 1 1993 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Orig. Signed by By\_ Paul Kautz Signature Geologist Prod. Blionda Hunter Title\_ 7-9-93 915-684-6631 Telephone No.

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

j. 17

- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.