Submit 5 Corses Appropriate District Office DISTRICT J	Errogy, Minerals and Natu	ral Resources Departmen	See Instructions at Boltom of Page
P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVA	TION DIVISION	
DISTRICT II F.O. Drawer DD, Artexia, NM 88210	Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088		
DJSJ BICT III 1000 Rio Brazos Rd., Aztec, NM 87410 1.	REQUEST FOR ALLOWAB TO TRANSPORT OIL	LE AND AUTHORIZATI AND NATURAL GAS	
Operator Well AJ'I No.			
John II. Hendrix Corp Addr&@3 W. Wall, Suite 5	oration 25		
Nidland, TX 79701		Other (l'lease explain)	
Reason(k) for Listing (Check proper box)			
New Well     Change in Transported On.       Recompletion     Oil     Day Gas       Change in Operator     Casinghead Gas			
If change of operator give name			
and address of previous operator			
II. DESCRIPTION OF WELL /	Well No. Pool Name, Includir	ng Formation	Kind of Lease FEE Lease No.
Cossatot I		r. Abo, South	State, Federal di Feé
Location Unit Letter D : 990 Feet From The North Line and 330 Feet From The West Line			
Section 13 Township 22-S Range 37-E, NMPM, Lea County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of Oil       or Condensate         SCURLOCK FERMIAN CORP EFF 9-191         Box 1183, Houston, TX 77251-1183			
Permian Nerme of Authorized Transporter of Casinghead Gas To or Dry Gas Address (Give address to which approved copy of this form is to be sent)			
Texaco Exp. & l	Prod. Inc.	Box 3000, Tulsa is gas actually connected?	A OK 74102
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 Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v			
Designate Type of Completion -	Oil Well Gas Well - (X)	New Well   Workover   D	eepen   Flug Back (Salile Nes / Din Nes /
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Froducing Formation	Top Oil/Gas Pay	Tubing Depth
l'erforations			Depth Casing Shoe
	TUBING, CASING AND	CEMENTING RECORD DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TOBING SIZE		
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.)			
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, purp. )	as lýl, etc.)
	The second	Casing Fressure	Choke Size
Length of Test	Tubing Pressure		Gas- MCF
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	
GAS WELL			
Actual Frod. Test - MCI7D	Length of Test	Ibla. Condensate/MMCF	Gravity of Condensate
lesting Method (pilot, back pr.)	Tubing Freesoure (Shut-in)	Casing Freesure (Shut-in)	Choke Size
VI. OPERATOR CERTIFICATE OF COMPLIANCE			
I hereby certify that the rules and regulations of the Oil Conservation		OIL CONSERVATION DIVISION	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Date Approved	
Though an autos			
Signature		By ORIGINAL MOMED ST LEVE Y SEXTON	
	Prod. Asst	· ·	
	915-684-6631	I III6	
Date	Telephone No.		

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

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

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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.