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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION
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

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12/27/73
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Operator John H. Hendrix	
Address 403 Wall Towers West, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Dual complete Drinkard and Wantz Granite Wash.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cossatot "I"	Well No. 1	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Fee	Lease No. fee
Location Unit Letter D ; 990 Feet From The north Line and 330 Feet From The west Line of Section 13 Township 22-S Range 37-E , NMFM, Lea 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"/> The Permian Corporation	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 Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Northern Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 308, Omaha, Nebraska 68101					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 13	Twp. 22S	Rge. 37E	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number: PC-460

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
								dual
Date Spudded 6-9-73	Date Compl. Ready to Prod. 10-28-73		Total Depth 7342'		P.B.T.D. 7340'			
Elevations (DF, RKB, RT, GR, etc.) 3336' DF	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6233'		Tubing Depth 6910'			
Perforations 6233'-6968					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8"		1148'		450			
7 7/8"	5 1/2"		7342'		635			
	2 3/8"		6910'					

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 10-27-73	Date of Test 10-28-73	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 24 hrs.	Tubing Pressure 125#	Casing Pressure packer	Choke Size 32/64"
Actual Prod. During Test 53	Oil-Bbls. 41	Water-Bbls. 12	Gas-MCF 730

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

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.

Mark W. Jones
(Signature)
Production Clerk
(Title)
10-29-73
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Mark W. Jones
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 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