

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Pecos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator		Well API No.
John H. Hendrix Corporation		
Address 3 W. Wall, Suite 525		
Midland, TX 79701		
Reason(s) for Filing (Check proper box)		☐ Other (Please explain)
New Well ☐	Change in Transporter of:	Effective 1-2-92
Recompletion ☐	Oil ☐ Dry Gas ☒	
Change in Operator ☐	Casinghead Gas ☐ Condensate ☐	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Post Name, Including Formation	Kind of Lease Fee	Lease No.
Cossatot J	1	Brunson Drinkard Abo, South	State, Federal or Fee	
Location				
Unit Letter B	990	Feet From the North	Line and 2310	Feet From the East
Section 24	Township 22-S	Range 37-E	NMM, 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)
Scurlock Permian Corporation	☒	333 Clay, Houston, TX 77210-4648
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Co.	☒	P.O. Box 1589, Tulsa, OK 74102
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rpr.
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	Same Retv	Diff Retv
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.H.D.			
Elevations (DT, RAB, RI, 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 Flow Oil Run To Tank	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	Libr. Condensate/MCF/D	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature Rhonda Hunter
Rhonda Hunter Prod. Asst.
Printed Name Title
Date 1-14-92 Telephone No. 915-684-6631

OIL CONSERVATION DIVISION

Date Approved JAN 16 '92
By
Title

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.
- 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.