1.	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator	REQUEST	CONSERVATION COMMISSIC FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 GAS
	John H. Hendrix Address 403 Wall Towers West, Midland, Texas 79701 Reason(s) for filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Onl Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name			
	and address of previous owner			
n.	DESCRIPTION OF WELL AND Lesse Name Cossatot F	LEASE Well No. Fool Name, Including F 4 Drinkard	ormation Kind of Lea State, Feder	
	Location Unit Letter F ;16	50 Feet From The north Lin	ne and <u>1980</u> Feet From	The west
	Line of Section 23 Tor	winship 22-S Range 3	37-е, NMEM,	Lea County
311.	DESIGNATION OF TRANSPOR		Address (Give address to which appr P. O. Box 1183, Houst	
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X 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 79910 Is gas actually connected? When	
	If well produces oil or liquids, give location of tanks.	C 23 22S 37E		Unknown
	If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded 10-4-73 Elevations (DF, RKB, RT, GR, etc.)	th that from any other lease or pool, Cil Well Gas Well on - (X) Date Compl. Ready to Prod. 12-6-73 Name of Producing Formation	give commingling order number:	PC-464 Plug Back Same Res'v. Diff. Res'v. dual P.B.T.D. 7269' Tubing Depth
	3336' GL Perforations	Drinkard	6190'	6880'
		TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
	HOLE SIZE	8 5/8 ¹¹	1145'	450
	7 7/8"	5 1/2"	7274'	740
		2 3/8"	6880'	surface
	TEST DATA AND REQUEST FO OIL WELL Date First New Cil Bun To Tanks	DR ALLOWABLE (Test must be aj able for this de Date of Test	fter recovery of total volume of load of pth or be for fall 24 hours) Producing Method (Flaw, pump, gas l	l and must be equal to or exceed top allow- ift, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oli-Bis.	Water-Bols.	Gas • MCF
	GAS WELL			
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
ļ	830 Testing Method (pitot, back pr.)	24 hrs. Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	41 Cheke Size
	Back pressure	700#	packer	24/64"
L 71	CERTIFICATE OF COMPLIANC			ATION COMMISSION
(I hereby certify that the rules end r Commission have been complied w above is true and complete to the	ith and that the information given	APPROVED	
-	Production C			
-	(Ti: December 7, (Da)	1973		