

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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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I.

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

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Greenwood	Well No. 17	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter P	990	Feet From The South Line and 330	Feet From The East	
Line of Section 9	Township 22-S	Range 37-E	NEEM	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
The Permian Corporation	P. O. Box 1183, Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	P. O. Box 1492, El Paso, Texas 79910	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 9
	Twp. 22	Rge. 37
	Is gas actually connected? No	

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 Res'tv.	Diff. Res'tv.
		X	X					
Date Spudded 11/29/73	Date Compl. Ready to Prod. 1/7/74		Total Depth 6613'		P.B.T.D. 6587'			
Elevations (DF, RKB, RT, GR, etc.) 3427' DF	Name of Producing Formation Drinkard		Top Gas (Gas Pk.) 6325'		Tubing Depth 6510'			
Perforations 6325'-6538'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		1162'		450			
7 7/8"	5-1/2"		6600'		345			
	2-3/8"		6510'		surface			

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	Date of Test	Producing Method (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 890	Length of Test 24	Bbls. Condensate/MMCF 8	Gravity of Condensate 40
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (shut-in) 710	Casing Pressure (shut-in) packer	Choke Size 28/64

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.

Marlene A. Jones
(Signature)
Production Clerk
(Title)
1-8-74
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **John H. Hendrix**
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