

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator John H. Hendrix Corporation		Well API No. 30-025-24657
Address 223 W. Wall, Suite 525, Midland, TX 79701		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input checked="" type="checkbox"/> <input type="checkbox"/> Temporary surface commingle with Change in Operator <input type="checkbox"/> <input type="checkbox"/> Drinkard app for 60 days 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 operator give name and address of previous operator THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCLUR 3/1/93 CANCEL DRINKARD ALLOW		

II. DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name Elliott B-17	Well No. 4	NM 001410
Location Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line Section 17 Township 22S Range 37E , NMPM , Lea County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Phillips Petroleum Company	4001 Penbrook St., Odessa, TX 79762		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Exploration & Producing, Inc.	P. O. Box 3109, Midland, TX 79702		
If well produces oil or liquids, give location of tanks.	Unit C Sec. 17 Twp. 22S Rge. 37E	Is gas actually connected? Yes	When? 9/5/92
If this production is commingled with that from any other lease or pool, give commingling order number: Yes - will apply for no.			

IV. COMPLETION DATA		Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input checked="" type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input checked="" type="checkbox"/>	
Designate Type of Completion - (X)	Date Spudded	Date Compl. Ready to Prod.	Total Depth
		9/4/92	7443'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3360' GR	Blinebry	5493'	5710'
Perforations			Depth Casing Shoe
5493 - 5717'			7443'
TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	N.A.		

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 Tank 9/4/92	Date of Test 9/5/92	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 30	Casing Pressure Pkr.	Choke Size 32/64"
Actual Prod. During Test	Oil - Bbls. 8	Water - Bbls. 2	Gas - MCF 180

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. 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.	
Ronnie H. Westbrook	
Signature	Title
Ronnie H. Westbrook-Vice-President	
Printed Name	Telephone No.
9/23/92	(915) 684-6631
Date	

OIL CONSERVATION DIVISION	
SEP 28 '92	
Date Approved	
By	ORIGINAL SIGNED BY JERRY SEXTON
	DISTRICT SUPERVISOR
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.

RECEIVED

SEP 28 1992

OCD HOBBS OFFICE

Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

State of New Mexico
Bureau of Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

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

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

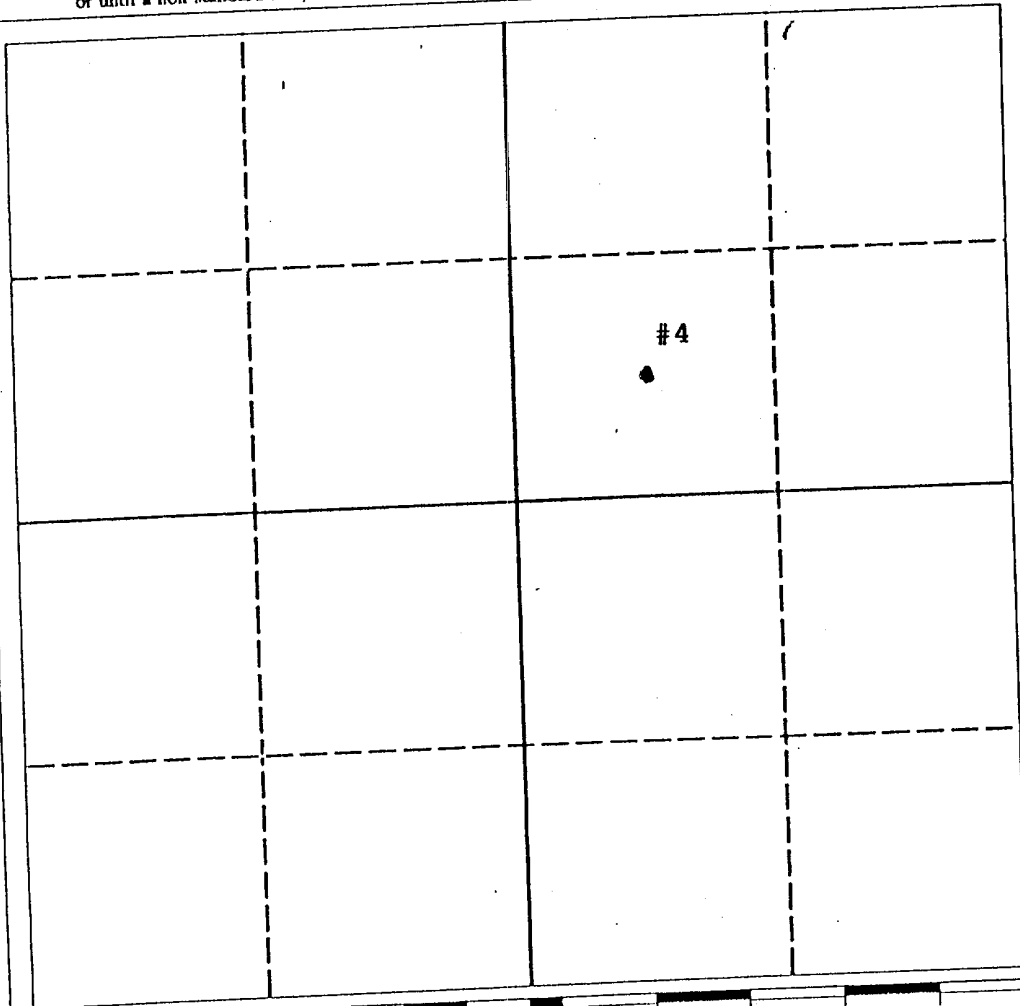
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

WELL LOCATION AND ACREAGE DEDICATION PLAT
All Distances must be from the outer boundaries of the section

Operator John H. Hendrix Corporation			Lease Elliott B-17		Well No. 4
Unit Letter G	Section 17	Township 22S	Range 37E	County Lea	
Actual Footage Location of Well: 1980 feet from the North line and 1980 feet from the East line					
Ground level Elev. 3360' GR		Producing Formation Blinebry			Dedicated Acreage: 40 Acres
Pool Blinebry Oil					

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?
☐ Yes ☐ No If answer is "yes" type of consolidation _____
If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature

Ronnie H. Westbrook

Printed Name

Ronnie H. Westbrook

Position

Vice-President

Company

John H. Hendrix Corporation

Date

Sept. 25, 1992

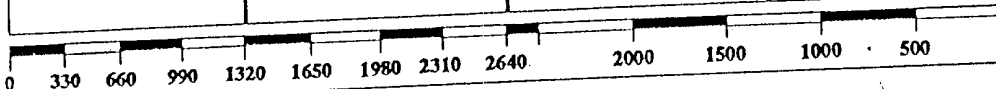
SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Signature & Seal of
Professional Surveyor

Certificate No.



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SEP 28 1992

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