Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 38240	State of No. State of No.					•	דוב			
DISTRICT II P.O. Drawer DD, Antasia, NM \$8210	OIL CONSERVATION DIVISION P.O. Box 2088						N		•	
DISTRICT III 1000 Rio Brazes Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION										
I. TO TRANSPORT OIL AND NATURAL GAS Operator JOHN H. HENDRIX CORPORATION								Well API No. 30-025-24657		
223 WEST WALL, SUITE 525, MIDLAND, TEXAS 79701										
Reason(s) for Filing (Check proper bax)  Other (Please explain)										
Recompletion Dil Dry Gas										
Change in Operator 22 Casinghead Gas Condensate Condensate Casinghead Gas Condensate Con										
									FEDERAL	
Lesse Name ELLIOTT "B" 17		Well No. Pool Name, Including Formation 4 DRINKARD					Kind State,	Federal or Fee	Lease No. NM 001410	
Location										
Unit Letter <u>G</u> : 1980 Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>LAST</u> Line C Sections 17 Township 22-S Range 37-E NMPM, LEA County										
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS										
Name of Authorized Transporter of Oil Or Condensate PHILLIPS PETROLEUM COMPANY					Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK ST., ODESSA, TEXAS 79762					
Name of Authorized Transporter of Casinghead Gas S or Dry Gas TEXACO, PRODUCTING, INC.					Address (Give PO BOX 3	address to wh 109, MII	DLAND,	COPY of this form	n is to be sent) 702	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Т <b>ир.</b> 122-S	• •	la gas actually YE		] When	7		
If this production is commingled with that from any other lease or pool, give commingling order sumber:										
Designate Type of Completion	. 00	Oil Well	G	as Well	Now Well	Workover	Deepen	Plug Back Sa	une Res'v Diff Res'v	
Designate Type of Completion Date Spudded		al. Ready to	Prod.		Total Depth		l	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Performinent					<u> </u>			Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD										
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQUES OIL WELL (Test must be after r				il and must					full 24 hours.)	
Date First New Oil Run To Tank	Date of Te				Producing Met	hod (Fiow, pu	mp <b>, g</b> as lift, é			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF		
GAS WELL		<b></b>				10AA/CT		1 Genvin of Car	densale	
Actual Prod. Test - MCF/D	Leagth 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						OIL CONSERVATION DIVISION				
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.					Date Approved					
Chonda Shunta						By ORIGINAL SIGNED BY JERRY SEXTON				
Signature Rhow dA HUNTER TROD. ASST										
Printed Name -92 915-684-6631 Title Title Title									<u></u>	
	<u> </u>			•	<u>  </u>					

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.