

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 Uvacon Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

I. Operator

Operator <b>John H. Hendrix Corporation</b>	Well API No. <b>30-025-25024</b>
Address <b>333 W. Wall, Suite 525 Midland, TX 79701</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change In Operator <input type="checkbox"/> Other (Please explain)	
Change In Transporter of: <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	
Effective <b>8/25/93</b>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Cossatot L</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Wantz Granite Wash</b>	Kind of Lease State, Federal or Fee	FEE	Lease No.
Location Unit Letter <b>N</b> : <b>470</b> Feet From The <b>South</b> Line and <b>2350</b> Feet From The <b>West</b> Line Section <b>11</b> Township <b>22-S</b> Range <b>37-E</b> , NMPM, <b>Lea</b> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <b>Scurlock Permian Corp.</b>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>333 Clay, Box 4648, Houston, Tx 77210</b>
Name of Authorized Transporter of Casinghead Gas <b>Texaco Exp. &amp; Prod. Inc.</b>	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1650, Tulsa, Ok 74102</b>
If well produces oil or liquids, give location of tanks.	Unit <b>N</b>   Sec. <b>11</b>   Twp. <b>22</b>   Rge. <b>37</b>	Is gas actually connected? <b>Yes</b>   When? <b>8-22-75</b>

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'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			F.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
<b>TUBING, CASING AND CEMENTING RECORD</b>								
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 lost 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	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	Bbls. Condensate/MCF	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  
 Printed Name Rhonda Hunter Prod. Asst.  
 Date 8-26-93 Telephone No. 915-684-6631

OIL CONSERVATION DIVISION

**AUG 30 1993**

Date Approved \_\_\_\_\_

By ORIGINAL SIGNED BY JERRY SEXTON  
 DISTRICT I 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.