

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

Operator John H. Hendrix		
Address 525 Midland Tower, Midland, Texas 79701		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>9/22/75</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		

If change of ownership give name and address of previous owner: _____
THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE. R-5102

1. DESCRIPTION OF WELL AND LEASE

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

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipe Line	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2648, Houston, Texas 77002	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Unknown	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 11
	Twp. 22	Rge. 37
	Is gas actually connected? No	
	When Unknown	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4/24/75	Date Compl. Ready to Prod. 5/14/75	Total Depth 7322		P.B.T.D. 7312				
Elevations (DF, RKB, RT, GR, etc.) 3351 GR	Name of Producing Formation Wantz Granite Wash		Top Oil/Gas Pay 6617		Tubing Depth 7321			
Perforations 7166-7302	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11	8-5/8"	1154	425
7-7/8	5-1/2"	7321	900
	2-3/8"	7266	Surface

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 7/22/75	Date of Test 7/23/75	Producing Method (Flow, pump, gas lift, etc.) Swab Test	
Length of Test 24	Tubing Pressure 40	Casing Pressure Packer	Choke Size 64/64
Actual Prod. During Test 24	Oil - Bbls. 88	Water - Bbls. 2	Gas - MCF 300

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Lusa K Wright
(Signature)
Production Clerk
(Title)
July 23, 1975
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY John W. Rangan
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

RECEIVED

JUL 28 1973

WIL CONSERVATION COMM.
HONOLULU, H. I.