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LOCAL OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes O.C. 104 and C-104
Effective 1-1-65

I. OPERATOR

Operator John H. Hendrix Corporation

Address 525 Midland Tower, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☒ Effective 1/1/77

If change of ownership, give name and address of previous owner: John H. Hendrix, 525 Midland Tower, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Cossatot L</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Wantz Granite Wash</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease <u>Fee</u>
Location Unit Letter <u>K</u> <u>1980</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>West</u> Line of Section <u>11</u> Township <u>22-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Shell Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 2648, Houston, Texas 77002</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Skelly Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1650, Tulsa, Oklahoma 74101</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? <input type="checkbox"/> When EFFECTIVE JANUARY 31, 1977, SKELLY OIL COMPANY MERGED INTO GETTY OIL COMPANY.

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't	Diff. Res't
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
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 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 (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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

[Signature]
(Signature)
Production Clerk
(Title)
January 18, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 11 1977, 19
BY Jerry Sexton Orig. Signed by
TITLE Dist 1, Supv.

This form is to be filed in compliance with RULE 1103.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the production 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.