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LAND OFFICE	
TRANSPORTER	<input 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 O-104
Superseded OIL 103 and 104
Effective 1-1-69

I. OPERATOR
Operator
John H. Hendrix Corporation
Address
525 Midland Tower, Midland, Texas 79701
Records (for filing (check proper box))
How Made ☐ Change in Existing Materials
In Completion ☐ Oil ☐ Dry Gas ☐
Change in Conditions ☒ Casinghead Gas ☐ Other (Please explain)
Effective 1/1/77
If change of owner, give name and address of previous owner John H. Hendrix, 525 Midland Tower, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE
Lease Name Cossatot M Well No. 2 Pool Name, including Formation Wantz Granite Wash Kind of Lease State, Federal or Fee Fee
Location
Unit Letter M 1110 Feet From The West Line and 1120 Feet From The South
Line of Section 11 Township 22-S Range 37-E, NMFM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Shell Pipeline 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 ☒ or Dry Gas ☐
Skelly Oil Company Address (Give address to which approved copy of this form is to be sent) P. O. Box 1650, Tulsa, Oklahoma 74101
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number: **EFFECTIVE JANUARY 31, 1977, SKELLY OIL COMPANY MERGED INTO CATTY OIL COMPANY**

V. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same as Existing
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, 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

VI. 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

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.
John H. Hendrix
(Signature)
Production Clerk
(Title)
January 18, 1977
(Date)

OIL CONSERVATION COMMISSION
APPROVED FEB 11 1977, 19
BY *Jerry Sexton*
Dist. 1. Supv.
TITLE
This form is to be filed in compliance with RULE 1101.
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 change of owner, well name or number, or transporter, or other such change of condition.