

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

Form 1-1
Supersedes 1-1-1, 1-1-2, and 1-1-3
Effective 1-1-1

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SANTA FE	
FILE	
U.S.G.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

1. Operator:
John H. Hendrix
Address:
525 Midland Tower, Midland, Texas 79701

Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner:

II. DESCRIPTION OF WELL AND LEASE

Lease Name: <u>Cossatot M</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 No.:
Location: Unit Letter: <u>M</u> <u>1110</u> Feet From The <u>West</u> Line and <u>1120</u> Feet From The <u>South</u> Line of Section: <u>11</u> Township: <u>22</u> Range: <u>37</u> , N.M.P.M., <u>Lea</u>				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent): <u>Shell Pipe Line</u> <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"/>	Address (Give address to which approved copy of this form is to be sent): <u>Skelly Oil Company</u> <u>P.O. Box 1650, Tulsa Oklahoma 74101</u>
If well produces oil or liquid, give location of tank: Unit: <u>L</u> Sec.: <u>11</u> Twp.: <u>22</u> Rge.: <u>37</u>	Is gas actually connected? <u>Yes</u> When: <u>10/30/75</u>

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Well <input type="checkbox"/>	Other: <input type="checkbox"/>
Date Spudded <u>9/24/75</u>	Date Compl. Ready to Prod. <u>10/29/75</u>	Total Depth <u>7422</u>	P.B.T.D. <u>7412</u>					
Elevations (DF, R.H.B., RT, GR, etc.) <u>3358' GR</u>	Name of Producing Formation <u>Wantz Granite Wash</u>	Top of Gas Pay <u>7151</u>	Tubing Depth <u>7108</u>					
Perforations: <u>7151-7412</u>			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>11"</u>	<u>8 5/8"</u>		<u>1121'</u>		<u>450</u>			
<u>7 7/8"</u>	<u>5 1/2"</u>		<u>7422'</u>		<u>900</u>			
	<u>2 3/8"</u>		<u>7108'</u>		<u>Surface</u>			

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 <u>10/29/75</u>	Date of Test <u>10/30/75</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>24</u>	Tubing Pressure <u>60</u>	Casing Pressure <u>-0-</u>	Choke Size <u>64/64</u>
Actual Prod. During Test	Oil - Bbls. <u>58</u>	Water - Bbls. <u>1</u>	Gas - MCF <u>365</u>

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

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.

Lurea K Wright
(Signature)
Production Clerk
(Title)
10/31/75
(Date)

OIL CONSERVATION COMMISSION

APPROVED 10/31/75, 19
BY Lurea K Wright
TITLE Production Clerk

This form is to be filed in compliance with RULE 111.
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.