STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

PP. 07 C07140 SECEIVED			
DISTRIBUTION			1
SANTA FE			
FILE		T	
U.S.G.S.			
LAND OFFICE		1	
TRANSPORTER	OIL		
	GAB		
OPERATOR .			
PROBATION OFFICE			

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GA

I.	TURT UIE AND NATURAL GAS		
Operator			
John H. Hendrix Corp.	· ·		
Address			
223 W. Wall, Suite 525, Midland, TX. 79701			
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:			
Recompletion Oil Dry	y Gas		
Change in Ownership Casinghead Gas Co	ndensate		
If change of ownership give name and address of previous owner EXXON Company, H. S. A.	· · · · · · · · · · · · · · · · · · ·		
II. DESCRIPTION OF WELL AND LEASE	·		
Lease Name Well No. Dop Not a Inchange C			
Whitaker & Perkins 2 Drinkard, G ran	ite Wash alo State, Federal or Fee Fee		
Location			
Unit Letter C: 760 Feet From The North Line and 1780 Feet From The West			
i⊊ ia neri	·		
Line of Section 12 Township 225 22 Range	37E , NMPM, Lea County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)			
Permian Corporation Name of Authorized Transporter of Casinghed Gas or Dry Gas	P.O. Box 1183, Houston, Tx. 77251 Address (Give address to which approved copy of this form is to be sent)		
1111 D. J. A			
Texaco Not Inc Unit Sec. Twp. Rge.	1111 Rusk Avenue, Housotn, Tx. 77052		
If well produces oil or liquids,			
Mire location of tanks. C 12 22 37	Yes		
If this production is commingled with that from any other lease or pool, give commingling order number:			
NOTE: Complete Parts IV and V on reverse side if necessary.			
VI. CERTIFICATE OF COMPLIANCE	OIL CONȘERVATION, DIVISION		
1			
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED, 19		
been complied with and that the information given is true and complete to the best of my knowledge and belief. BY ORIGINAL SIGNED BY JERRY SEXTON			
my knowledge and benefit	DISTRICT I SUPERVISOR		
	TITLE		
	This form is to be filed in compliance with MULE 1104.		
Ronnie H. Westbrook Ameri II Walkerde If this is a request for allowable for a newly drilled or			
(Signature)	well, this form must be accompanied by a tabulation of the deviation		
Vice-President tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allo			
(Title)	able on new and recompleted wells.		
July 1, 1988	Fill out only Sections I, II, III, and VI for changes of owner,		
(Date)	well name or number, or transporter, or other such change of condition.		
	Separate Forms C-104 must be filed for each pool in multiply		