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State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>John H. Hendrix Corporation</b>	Well API No. <b>30-025-25137</b>
Address <b>223 W. Wall, Suite 525, Midland, TX 79701</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) TEMPORARY SURFACE COMMINGLING	
New Well <input type="checkbox"/>	Change in Transporter of: W/SOUTH BRUNSON DRKD/ABO AND WANTZ GRANITE
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> WASH APPROVED for 60 DAYS PENDING APPROVAL
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> OF COMMINGLING AUTHORITY FROM SANTA FE
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Elliott B-12</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>Tubb</b>	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No. <b>NM 032369</b>
Location Unit Letter <b>D</b> : <b>567</b> Feet From The <b>North</b> Line and <b>467</b> Feet From The <b>West</b> Line Section <b>12</b> Township <b>22S</b> Range <b>37E</b> , NMPM, <b>Lea</b> 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"/> <b>Texas New Mexico Pipeline</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1510, Midland, TX 79702</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Texaco Expl. &amp; Prod. Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1650, Tulsa, OK 74102</b>
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When ? <b>Yes</b>   <b>10/3/92</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **Have applied to add Tubb**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
Date Spudded <b>N/A</b>	Date Compl. Ready to Prod. <b>10/3/92</b>		Total Depth <b>7425</b>		P.B.T.D. <b>7399</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3350 GR</b>	Name of Producing Formation <b>Tubb</b>		Top Oil/Gas Pay		Tubing Depth <b>5900</b>			
Perforations <b>5899-6094</b>					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>NO CHANGE</b>								

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.)

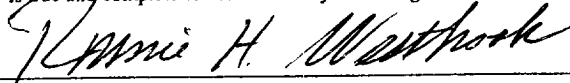
Date First New Oil Run To Tank <b>10/3/92</b>	Date of Test <b>10/9/92</b>	Producing Method (Flow, pump, gas lift, etc.) <b>FLOWING</b>	
Length of Test <b>24</b>	Tubing Pressure <b>30#</b>	Casing Pressure <b>30#</b>	Choke Size <b>28/64"</b>
Actual Prod. During Test	Oil - Bbls. <b>9</b>	Water - Bbls. <b>1</b>	Gas - MCF <b>174</b>

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. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
Signature  
**Ronnie H. Westbrook-Vice-President**  
Printed Name  
Title  
Date **10/20/92** (915) **684-6631**  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **NOV 06 '92**  
Orig. Signed by  
By **Paul Kautz**  
**Geologist**  
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104.

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.