

OIL CONSERVATION DIVISION

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>John H. Hendrix Corporation</b>		Well API No. <b>30-025-25544</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)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator Canceled Want, Give Allow

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Drinkard Estate</b>	Well No. <b>6</b>	Pool Name, Including Formation <b>Brunson-Drinkard-Abo, S.</b>	Kind of Lease State, Federal or <input checked="" type="radio"/> Fee	Lease No.
Location Unit Letter <b>G</b> : <b>1807</b> Feet From The <b>North</b> Line and <b>1542</b> Feet From The <b>East</b> Line Section <b>25</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>Navajo Ref.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Drawer 159, Artesia, NM 88210</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Texaco Producing Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 3000, Tulsa, OK 74102</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>G</b>	Sec. <b>25</b>
	Twp. <b>22S</b>	Rge. <b>37E</b>
	Is gas actually connected? <b>Yes</b> When? <b>3/18/90</b>	

If this production is commingled with that from any other lease or pool, give commingling order number: **Waiting on # to be assigned**

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
	<b>X</b>					<b>X</b>		<b>X</b>
Date Spudded <b>-</b>	Date Compl. Ready to Prod. <b>3/15/90</b>		Total Depth <b>7544'</b>		P.B.T.D. <b>7200'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3316' GR</b>	Name of Producing Formation <b>Brunson-Drinkard-Abo, S.</b>		Top Oil/Gas Pay <b>6252'</b>		Tubing Depth <b>6595'</b>			
Perforations <b>6252-6489</b>					Depth Casing Shoe <b>7544'</b>			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	1168'	425
7-7/8"	5-1/2"	7544'	1675

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>3/18/90</b>	Date of Test <b>3/27/90</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24</b>	Tubing Pressure <b>45#</b>	Casing Pressure <b>45#</b>	Choke Size <b>-</b>
Actual Prod. During Test	Oil - Bbls. <b>16</b>	Water - Bbls. <b>4</b>	Gas - MCF <b>159</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.

Ronnie H. Westbrook  
Signature  
**Ronnie H. Westbrook** Vice-President  
Printed Name  
Date **3/29/90** Telephone No. **(915) 684-6631**

OIL CONSERVATION DIVISION

Date Approved **MAY 31 1990**

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

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.

RECEIVED

MAR 30 1990

OCD  
HOBBS OFFICE