

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

OIL CONSERVATION DIVISION

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 John H. Hendrix Corporation		Well API No. 30-025-18476
Address 223 W. Wall, Suite 525, Midland, TX 79701		
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 checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Cancel wantly abe		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Parks "A"	Well No. 10	Pool Name, Including Formation Blinebry	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Unit Letter K : 2130 Feet From The South Line and 1980' Feet From The West Line Section 14 Township 22-S Range 37-E , NMPM, Lea 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"/> Sun Refining & Marketing	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2039, Tulsa, OK 74102	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Northern Natural Gas	Address (Give address to which approved copy of this form is to be sent) 223 Dodge Street, Omaha, NE 60102	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 14
	Twp. 22S	Rge. 37E
	Is gas actually connected? Yes	When? 6/19/89
If this production is commingled with that from any other lease or pool, give commingling order number: No		

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v	Diff Res'v
Date Spudded -	Date Compl. Ready to Prod. 6/10/89		Total Depth 7480'		P.B.T.D. 6609'			
Elevations (DF, RKB, RT, GR, etc.) 3337' Gr.	Name of Producing Formation Blinebry		Top Oil/Gas Pay		Tubing Depth 5322'			
Perforations 5366, 88, 5400, 16, 26, 49, 5503, 10, 21, 82, 88, 98, 5615, 31, 50, 71, 93, 5703, 17, 76, & 94'					Depth Casing Shoe NA			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	NA							
	NA							
	2-3/8"		5322'					

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 6/10/89	Date of Test 6/19/89	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 100	Casing Pressure Pkr.	Choke Size 18/64"
Actual Prod. During Test	Oil - Bbls. 10	Water - Bbls. 10	Gas- MCF 160

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-Pres.
Printed Name
6/21/89 (915) 684-6631
Date Telephone No.

OIL CONSERVATION DIVISION
JUN 23 1989

Date Approved
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

JUN 22 1989

OCD
HOBBS OFFICE