

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

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

Form C-104
Revised 10-01-78
Format 06-01-83
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
John H. Hendrix Corporation

Address
223 W. Wall, Suite 525, Midland, TX 79701

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

If change of ownership give name and address of previous owner Cancel Warranty

II. DESCRIPTION OF WELL AND LEASE

Lease Name Parks "A"	Well No. 12	Pool Name, including Formation Blinbry	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter I ; 2310 Feet From The South Line and 330 Feet From The East Line of Section 14 Township 22S Range 37E , 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"/> Texas-New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Enron (Northern Natural Gas)	Address (Give address to which approved copy of this form is to be sent) 223 Dodge St., Omaha, NE 68102
If well produces oil or liquids, give location of tanks. Unit I Sec. 14 Twp. 22S Rge. 37E	Is gas actually connected? No When Will tie in 12/22/88

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

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

Ernie H. Waller
(Signature)
Vice-President
(Title)
December 21, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED **DEC 27 1988**, 19____
BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviated 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.
Separate Forms C-104 must be filed for each pool in multiphase completed wells.

7. COMPLETION DATA

Designate Type of Completion - (X)			Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X					X		X
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.				
12/15/88	12/19/88		7733'			6500'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth				
3330.01' GR	Blinebry		5448'			5387'				
Explorations						Depth Casing Shoe				
5448 - 5820'						7733'				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
-	13-3/4"	1090'	710
7-7/8"	5-1/2"	7733'	1900

TEST DATA AND REQUEST FOR ALLOWABLE (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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
12/20/88	12/21/88	Flowing	
Length of Test 24	Tubing Pressure 45#	Casing Pressure Pkr.	Choke Size 3/4"
Actual Prod. During Test	Oil - Bbls. 5	Water - Bbls. 5	Gas - MCF 125

AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Cementing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

DEC 27 1988

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