## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

|                  | Civeo | 1 |  |
|------------------|-------|---|--|
| DISTRIBUTION     |       |   |  |
| SANTA PE         |       |   |  |
| FILE             |       |   |  |
| U.8.0.6,         |       |   |  |
| LAHO OFFICE      |       |   |  |
| TRANSPORTER      | OIL   |   |  |
|                  | GAS   |   |  |
| 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

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 multiply

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL G.

| AUTHORIZATION TO TRAN                                                                                                                                                                                                                                                                                              | NSPORT OIL AND NATURAL GAS                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I,                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                   |
| John H. Hendrix Corporation                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                   |
| Address                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                   |
| 223 W. Wall, Suite 525, Midland, Texas                                                                                                                                                                                                                                                                             | 79701                                                                                                                                                                                                                                                                                                                                                             |
| Reason(s) for filing (Check proper box)                                                                                                                                                                                                                                                                            | Other (Please explain)                                                                                                                                                                                                                                                                                                                                            |
| New Well Change in Transporter of:                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                   |
| Recompletion Oil                                                                                                                                                                                                                                                                                                   | Dry Gas                                                                                                                                                                                                                                                                                                                                                           |
| Change in Ownership Casinghead Gas                                                                                                                                                                                                                                                                                 | Condensate   Effective 1/1/87                                                                                                                                                                                                                                                                                                                                     |
| If change of ownership give name Veirs Production Co                                                                                                                                                                                                                                                               | ompany, 223 W. Wall, Suite 500, Midland, Texas 7970                                                                                                                                                                                                                                                                                                               |
| II. DESCRIPTION OF WELL AND LEASE                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                   |
| Lease Name Well No. Pool Name, including                                                                                                                                                                                                                                                                           | 1 - 1                                                                                                                                                                                                                                                                                                                                                             |
| Parks A 12 Wantz Abo                                                                                                                                                                                                                                                                                               | State, Federal or Fee FAA                                                                                                                                                                                                                                                                                                                                         |
| Unit Letter I 2310 Feet From The South                                                                                                                                                                                                                                                                             | Line and 330 Feet From The <u>East</u>                                                                                                                                                                                                                                                                                                                            |
| Line of Section 14 Township 22S Range                                                                                                                                                                                                                                                                              | 37E , NMPM, Lea County                                                                                                                                                                                                                                                                                                                                            |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATUR  Name of Authorized Transporter of Oil XX or Condensate  The Permian Corporation  Name of Authorized Transporter of Casinghead Gas XX or Dry Gas Texaco Producing Inc.  If well produces oil or liquids, Unit Sec. Twp. Rge.  qive location of tanks. I 14 225 37 | RAL GAS  Address (Give address to which approved copy of this form is to be sent)  BOX 1183, Houston, Texas 77001  Address (Give address to which approved copy of this form is to be sent)  BOX 3000, Tulsa, OK 74102  Is gas actually connected? when  Yes 5-28-86                                                                                              |
| If this production is commingled with that from any other lease or poo                                                                                                                                                                                                                                             | ol, 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 habeen complied with and that the information given is true and complete to the best my knowledge and belief.                         | OIL CONSERVATION DIVISION  APPROVED JAN 15 1987 19                                                                                                                                                                                                                                                                                                                |
| Production Assistant. (Title)                                                                                                                                                                                                                                                                                      | TITLE  This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation 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. |
| January 13, 1987                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                   |