

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
John H. Hendrix Corporation
Address
525 Midland Tower, Midland, Texas 79702
Reason(s) for filing (Check proper box)
☐ New Well ☐ Change in Transporter of:
☐ Recompletion ☐ Oil ☐ Dry Gas
☐ Change in Ownership ☐ Casinghead Gas ☐ Condensate
Other (Please explain)

If change of ownership give name and address of previous owner Sun Exploration & Production Co. Box 1861, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Wimberly</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Justis Tubb Drinkard</u>	Kind of Lease <u>State, Federal or Fee Fee</u>	Lease No.
Location Unit Letter <u>A</u> <u>990</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>23</u> Township <u>25-S</u> Range <u>37-E</u> NMPM, <u>Lea</u> 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"/> <u>Texas New Mexico Pipeline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1510, Midland Texas 79701</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1492, El Paso, Texas 79910</u>
If well produces oil or liquids, give location of tanks. Unit <u>H</u> Sec. <u>23</u> Twp. <u>25-S</u> Rge. <u>37-E</u>	Is gas actually connected? <u>Yes</u> When

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.


(Signature)
Production Clerk
(Title)
February 6, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 10 1986, 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 deepened 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.

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 completed wells.

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I.

Operator John H. Hendrix Corporation	
Address 525 Midland Tower, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Castinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner: Sun Exploration & Production Co., P.O. Box 1861, Midland, Tx 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wimberly	Well No. 2	Pool Name, including Formation Justis-Blinbry	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter A : 990 Feet From The North Line and 330 Feet From The East				
Line of Section 23 Township 25-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"/>	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipeline	P.O. Box 1510, Midland, Texas 79701
Name of Authorized Transporter of Castinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	P.O. Box 1492, El Paso, Texas 79910
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit A Sec. 23 Twp. 25 Rge. 37	yes

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.


(Signature)
Production Clerk
(Title)
February 6, 1986
(Date)

OIL CONSERVATION DIVISION

FEB 10 1986

APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SEATON
DISTRICT SUPERVISOR
TITLE _____

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