

SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
John H. Hendrix
Address
403 Wall Towers West, Midland, Texas 79701
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)
**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 5/1/73
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**
If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Thomas "A"	Well No. 1	Pool Name, Including Formation Langlie-Mattix	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>N</u> ; <u>660</u> Feet From The <u>south</u> Line and <u>1980</u> Feet From The <u>west</u> Line of Section <u>17</u> Township <u>24S</u> Range <u>37E</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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1103, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> unknown	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 17	Twp. 24S	Rge. 37E	Is gas actually connected? no	When unknown

If this production is commingled with that from any other lease or pool, give commingling order number: not

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res ^{ty} .	Diff. Res ^{ty} .
Date Spudded 12-28-72	Date Compl. Ready to Prod.		Total Depth 3702'		P.B.T.D. 3687'			
Elevations (DF, RKB, RT, GR, etc.) 3310' DF	Name of Producing Formation Seven Rivers-Queen		Top Oil/Gas Pay 3364'		Tubing Depth 3610'			
Perforations <u>3 7/8" 2 3/8"</u>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8"		398		175			
7 7/8"	5 1/2"		3699'		190			
	2 3/8"		3610'					

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 Tanks 2-27-73	Date of Test 2-28-73	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 24 hours	Tubing Pressure	Casing Pressure 250	Choke Size open
Actual Prod. During Test 30	Oil-Bbls. 15	Water-Bbls. 15	Gas-MCF 412

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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

James Henderson
(Signature)
Accountant
(Title)
February 28, 1973
(Date)

OIL CONSERVATION COMMISSION
APPROVED MAR 8 1973
BY [Signature]
TITLE SUPERVISOR DISTRICT I

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