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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-65

Operator ROGER C. HANKS	
Address P. O. Box 3148, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Re-entry - Whipstock
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Barbara Federal	Well No. 4	Pool Name, including Formation North Dagger Draw - Upper	Kind of Lease State, Federal or Fee Federal	Lease No. NM 1372
Location Penn.				
Unit Letter L ; 660 Feet From The West Line and 1980 Feet From The South				
Line of Section 17 Township 19S Range 25E , NMPM, Eddy 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)					
Scurlock Oil Company	Vaughn Building, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead 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)					
ROGER C. HANKS	P. O. Box 3148, Midland, Texas 79701					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 17	Twp. 19S	Rge. 25E	Is gas actually connected? yes	When 4-12-75

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input checked="" type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 1-12-75	Date Compl. Ready to Prod. 4-19-75		Total Depth 7930'		P.B.T.D. 7917'			
Elevations (DE, RKB, RT, GR, etc.) 3552-	Name of Producing Formation Cisco Canyon		Top Oil/Gas Pay 7736		Tubing Depth 7684'			
Perforations 7736-7752 7800-7816					Depth Casing Shoe 7930'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
12-1/4 (YATES)		9-5/8		1072		970		
9-3/4 (YATES)		5-1/2		2840		645		
7-7/8		4-1/2 11.60 N80		7930'		425 Class "C"		
2-3/8		8rd upset		7684				

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 4-20-75	Date of Test 4-23-75	Producing Method (Flow, pump, gas lift, etc.) Kobe - Hydraulic	
Length of Test 24 hrs.	Tubing Pressure 1700#	Casing Pressure 75	Choke Size None
Actual Prod. During Test 561	Oil-Bbls. 256	Water-Bbls. 305	Gas-MCF 200

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.

Betty M. Clark
(Signature)
Production Secretary
(Title)
April 25, 1975
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 6 1975
BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT II

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.