

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

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

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

MAY 27 1971

O. C. C.  
ARTESIA, OFFICE

CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 7-24-71  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED

**RECEIVED**  
MAY 26 1971  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

Operator  
Roger C. Hanks  
Address  
2100 Wilco Building, 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)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Penny-Federal	Well No. 1	Pool Name, including Formation Undesignated-Cisco	Kind of Lease State, Federal or Fee Federal	Lease No. NM045274
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>23</u> Township <u>20S</u> Range <u>24E</u> , NMPM, <u>Eddy</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"/> Scurlock Oil Company	Address (Give address to which approved copy of this form is to be sent) Midland, Texas 412 Building of the Southwest					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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. 23	Twp. 20S	Rge. 24E	Is gas actually connected? No	When

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 type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 4-17-71	Date Compl. Ready to Prod. 5-24-71		Total Depth 7936'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3682' GR	Name of Producing Formation Cisco		Top Oil/Gas Pay 7754'		Tubing Depth 7803'			
Perforations 7754-7764', 7776-7786', 7790-7800'					Depth Casing Shoe 7919'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8" 32#		1580'		725sx. Circ. to Surf.			
7 7/8"	5 1/2" 17#		7919'		400 sx.			
	2 3/8"		7803 ft @ 7716					

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 5-24-71	Date of Test 5-24-71	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 365#	Casing Pressure	Choke Size 1/2"
Actual Prod. During Test	Oil-Bbls. 144	Water-Bbls. 48	Gas-MCF Est. 150

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.

Roger C. Hanks  
(Signature)  
Operator  
(Title)  
5-25-71  
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 27 1971, 19\_\_\_\_  
BY W. A. Grasset  
TITLE Oil and Gas Inspector

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.