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

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

DEC 21 1971

I. Operator **ROARK & HOOKER** **O. C. C.**
Address **P. O. Box 2708, Abilene, Texas 79604** **ARTESIA, OFFICE**
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐
Other (Please explain) **CASINGHEAD GAS MUST NOT BE FLARED AFTER 12/12/71 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 Sun - State	Well No. 1	Pool Name, Including Formation Double "L" (Queen)	Kind of Lease State, Federal or Fee State	Lease No. K-6772
Location Unit Letter L 330 Feet From The West Line and 1650 Feet From The South Line of Section 24 Township 14-S Range 29 E , NMPM, Chaves 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 1183, Houston, Texas 77001			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma 74004			
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 24	Twp. 14-S	Rge. 29 E
Is gas actually connected?		When		
No		Dec. 1972		

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10/28/71	Date Compl. Ready to Prod. 12/13/71	Total Depth 1929'		P.B.T.D. 1896'				
Elevations (DF, RKB, RT, GR, etc.) 3795' GR	Name of Producing Formation Queen Sand	Top Oil/Gas Pay 1870'		Tubing Depth 1843'				
Perforations 1870' to 1880'				Depth Casing Shoe 1928'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 11"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 305'		SACKS CEMENT 100 sacks of 2% HA-5			
8"	5-1/2"		1929'		450 sacks cement			
5 1/2"	2-3/8"		1843'					

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 12/16/71	Date of Test 12/16/71	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure none	Casing Pressure 125#	Choke Size 32/64"
Actual Prod. During Test 92 bbls.	Oil-Bbls. 92	Water-Bbls. 0	Gas-MCF 92

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.

W. J. Smith
(Signature)
Production Superintendent
(Title)
December 20, 1971
(Date)

OIL CONSERVATION COMMISSION
DEC 21 1971
APPROVED _____, 19____
BY **W. O. Gressett**
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.