

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

SEP 17 1971

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

Operator Roger C. Hanks ✓	
Address 2100 Wilco Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
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"/>
Other (Please explain) Re-entry CASINGHEAD GAS MUST NOT BE FLARED AFTER 11-9-71 UNLESS AN EXCEPTION TO R-4000 IS OBTAINED	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Kathy Eyre-Federal	Well No. 1	Pool Name, Including Formation Daguer Draw Upper Penn Undesignated-Cisco	Kind of Lease State, Federal or Fee Fed. NM	Lease No. 0560392
Location Unit Letter C 1980 Feet From The West Line and 660 Feet From The North Line of Section 31 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"/> Scurlock Oil Company	Address (Give address to which approved copy of this form is to be sent) 1501 Houston Club Bldg., Houston, Texas					
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 C	Sec. 31	Twp. 19S	Rge. 25E	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 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 8-8-71	Date Compl. Ready to Prod. 8-28-71	Total Depth 7920'		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) 3568' RT	Name of Producing Formation Cisco	Top Oil/Gas Pay 7770'		Tubing Depth				
Perforations 7770-7794', 4 shots/foot, Wes-Jet Magnum				Depth Casing Shoe 7919'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	13 3/8" 48#		483'		330 SX.			
	9 5/7" 36#		1400'		515 SX.			
7 7/8"	5 1/2" 17#		7919'		400 S.			

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 9-9-71	Date of Test 9-16-71	Producing Method (Flow, pump, gas lift, etc.) Kobe pump, 4 X 2-3/8 X 2	
Length of Test 24 hours	Tubing Pressure	Casing Pressure 1800#	Choke Size
Actual Prod. During Test 1166 bbls.	Oil-Bbls. 134	Water-Bbls. 1032	Gas-MCF 166

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.

OIL CONSERVATION COMMISSION

APPROVED SEP 17 1971, 19

BY W. A. Gressett
OIL AND GAS INSPECTOR

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 allow-
able 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 multiple
compleated wells.

Roger C. Hanks by Wanda Sanders
(Signature)
Operator
(Title)
9-16-71
(Date)