## ----DISTRIBUTION SANTA FE

## NEW MEXICO OIL CONSERVATION CC SION REQUEST FOR ALLOWABLE

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

	FILE 1		AND		
Ī	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL O	SAS	
t	LAND OFFICE				
ŀ	OIL /		<b>-</b>		
	TRANSPORTER GAS .	H RESTIVED	ס		
-					
- }	OPERATOR				
1.	PRORATION OFFICE	1973			
- 1	Operator				
L	Roger C. Hanks				
ſ	Address	ARTEGIA, UZFICE			
1	2100 Wilco Buildi	ng, Midland, Texas 7	9701		
1	Reason(s) for filing (Check proper b	Designate	Other (Please explain)		
1	New Well	Change in Transporter of:			
1	Recompletion	Oil Dry Ga	s 🔲		
	Change in Ownership	Casinghead Gas 🔀 Conder	nsate		
1					
	If change of ownership give name				
	and address of previous owner	0R-4631	69-26-73		
		Sant Dagger	Oran- Japan Pennsylva	near associated	
н.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	Oraw-lippen Pennsylva ormation Kind of Leas	e Legae No.	
	Lease Name	Jan. Cisc	State, Federa	rl or Fee Fed. NM 043625	
	Robin-Federal	1 Dagger Draw	Upper Penn	red. MM 1043023	
	Location	<del>-</del> -	4.000	TaT +	
	Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West				
	Unit Letter 1 , 1000 . Soft .				
	Line of Section 26	ownship 20S Range 2	4E , NMPM, Eddy	County	
	20				
177	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	AS		
ıı.	Name of Authorized Transporter of	or Condensate	Addiess (Othe dances to miles office		
			412 Bldg. of the So	uthwest, Midland, Te	
	Scurlock Oil Comp Name of Authorized Transporter of	any Casinghead Gas X or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)	
		يا ده از د د اور د د د د د د د د د د د د د د د د د د د	2100 Wilco Building		
	Roger C. Hanks	linit Sec. Twp. Rge.		nen	
	If well produces oil or liquids,	1 - 1 - 1		3/27/73	
	give location of tanks.	F 26 20S 24E		3/21/13	
	If this production is commingled	with that from any other lease or pool,	give commingling order number:		
	COMPLETION DATA			Plug Back   Same Res'v. Diff. Res'v	
- • •		Oli Well Gas Well	New Well Workover Deepen	Find Dack Counte treat.	
	Designate Type of Comple	tion - (A)			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	·				
	Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	, , , , , , , , , , , , , , , , , , , ,	`			
	Derforations.			Depth Casing Shoe	
	Perforations				
		THRING CASING AN	D CEMENTING RECORD		
			DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE			
		<u> </u>		-	
			1		
v	TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load of	l and must be equal to or exceed top allo	
₩.	OIL WELL	able for this d	lepth or be for full 24 hours)		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	saja, GbGaj	
	[				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
	Actual Prod. During 1 est				
	<u></u>				
	GAS WELL		Bbls, Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test	pais, Condensate/MMCF		
				Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chore Size	
OIL CONSERVATION		ATION COMMISSION			
VI	CERTIFICATE OF COMPLI	MUE	- · · ·	1070	
			APPROVED APR 16	9/3	
	I hereby certify that the rules a	nd regulations of the Oil Conservation	2100	: 11 ×	
	Commission have been complied	d with and that the information giver the best of my knowledge and belief	BY Nelle	week!	
	above is true and complete to the best of my knowledge and belief.				
			TITLE OIL AND GAS INSPECTOR		
			This form is to be filed in compliance with RULE 1104.		
	Manual I	en GA		anable for a newly deliled or deepen	
	- 10 1 15 11 11 11 1 1 1 1 1 1 1 1 1 1 1	WKWIK	-  } If firs to a reducer on an	panied by a tabulation of the deviati	

0070 10 1100		
^		
12.7		
	11 market	
A 10 MM	U. MUSTUR	
/	(Signature)	
- 3 . •	01 1 1/	

Production Clerk

4/5/73

(Title)

(Date)

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 multiply