

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

STANDARD FORM NO. 100-10
OIL CONSERVATION COMMISSION
ESTIMATED ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Sup. Order 1-1-6
Effective 1-1-6

RECEIVED

AUG 18 1971 CASINGHEAD GAS MUST NOT BE
FLARED AFTER 11-1-71
UNLESS AN EXCEPTION TO R-407
O.C.C. IS OBTAINED

Operator
Roger C. Hanks
Address
2100 Wilco Building, Midland, Texas 79701

ARTESIA, OFFICE

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)

RECEIVED

AUG 17 1971

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Barbara-Federal	Well No. 1	Pool Name, Including Formation Undesignated-Cisco	Kind of Lease State, Federal or Fee Federal	Lease No. NM-1372
Location Unit Letter <u>H</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>18</u> Township <u>19S</u> Range <u>25E</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) 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 H	Sec. 18	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 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 5-22-71	Date Compl. Ready to Prod. 8-11-71		Total Depth 8240' 9040		P.B.T.D. 8220			
Elevations (DF, RKB, RT, GR, etc.) 3553' GR	Name of Producing Formation Cisco Canyon		Top Oil/Gas Pay 7732'		Tubing Depth			
Perforations 7732-56', 7763-73', 4 shots/foot, Wes-Jet Magnum					Depth Casing Shoe 8225			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	12 3/4"	32#	425'		400 SX.			
11"	8 5/8"	24#	1070'		575 SX.			
7 7/8"	5 1/2"	17#	8225'		800 SX.			

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 8-11-71	Date of Test 8-11-71	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 400#	Casing Pressure	Choke Size 32/64"
Actual Prod. During Test 960 bbls.	Oil-Bbls. 240	Water-Bbls. 720	Gas-MCF Est. 150

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 OCT 13 1971, 19

BY W. A. Grosset

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 multiple completed wells

Operator

(Title)

8-16-71

(Date)