ย <b>เรา<b>สายบ</b>าก</b>	3 <b>N</b>	4	[]
SANTA FE		,	
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR		1	

## NEW MEXICO OIL CONSERVATION COmmission REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110

FILE		AND	Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRA	–	GAS	
LAND OFFICE	R	NSPORT OIL AND NATURAL ECEIVED		
OIL /		LIVED		
TRANSPORTER GAS				
OPERATOR !		SEP 1 7 1971		
PRORATION OFFICE		13/1		
Operator		O. C. C.		
Roger C. Hanks /	AI	O. C. C.	- 11R	
Address	7.0		NOT (BE	
2100 Wilco Buildin	ng, Midland, Texas 79	7/01	GAS MUST NOT BE ER TO TO R-4070 EXCEPTION TO R-4070	
Reason(s) for filing (Check proper box		Other (Please explain)  CASINGHEAD  FLARED ATT	TO RAIN	
New Well	Change in Transporter of:	CASINOT IFT	EV CEDAION	
Recompletion	Oil Dry Gar	FLARES		
Change in Ownership	Casinghead Gas Conden	sate		
If change of ownership give name		IS ·		
and address of previous owner				
DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ermation Kind of Lea	Lease No.	
Lease Name	<u> </u>	Carta Fada	ral of Fee Fed NM-045275	
Vicki-Federal	1 Undesignated	- Clsco	Fed. NM-U45276	
Location			·	
Unit Letter G ; 198	30 Feet From The North Line	e and 1980 Feet From	n The <u>East</u>	
			Out of the	
Line of Section 26 To	wnship 20S Range	24E , NMPM, Edd	Y County	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S	roved copy of this form is to be sent)	
Name of Authorized Transporter of Oi	or Condensate	Address (Give dadress to which upp		
Scurlock Oil Compa	any	1501 Houston Club	Bldg., Houston, Texas	
Name of Authorized Transporter of Co	ssinghead Gas or Dry Gas	Address (Give address to which appl	roved copy of this form is to be sent)	
	_			
11 144-	Unit Sec. Twp. Rge.	Is gas actually connected?	Vhen	
If well produces oil or liquids, give location of tanks.	G ! 26   20S ! 24E	No		
•	and the state of pool	give commingling order number:	•	
If this production is commingled w	ith that from any other lease or pool,			
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'	
Designate Type of Completi	on – (X) X	$\mathbf{x}$		
Date Spudded	Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.	
7-1-71	9-3-71	7820 '	97819	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
3650' GR	Cisco	7720 '	·	
	CISCO		Depth Casing Shoe	
Perforations	s/foot, Wes-Jet Magnu	ım	7819	
//20-//44, 4 Shot	TUBING CASING AND	CEMENTING RECORD		
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
HOLE SIZE		411'	400 Sx.	
15"	12 3/4" 36#	1039'	575 sx.	
11"	8 5/8" 32#	7819'	400 sx	
7 7/8"	5 1/2" 17#	/819.	HUU SAV	
			the savel to or exceed top all	
TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load of the policy of the policy of total policy of the policy of t	il and must be equal to or exceed top all	
OIL WELL		Producing Method (Flow, pump, gas	lift, etc.)	
Date First New Oil Run To Tanks	Date of Test	_	/ /	
9-14-71	9-15-71	Kobe pump	Choke Size	
Length of Test	Tubing Pressure	Casing Pressure		
24 hours		1600#	Ggs - MCF	
Actual Prod. During Test	Oil-Bble.	Water-Bbls.		
2031 bbls.	303	1728	Est. 800	
GAS WELL			Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
			Chaha Sta-	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
fasting dames than but				
	VOE	OIL CONSER	VATION COMMISSION	
CERTIFICATE OF COMPLIA	NCE	SFI	2 1 7 <b>1971</b>	
		APPROVED ,	1 10/1 , 19	
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.		BY OIL AND GAS INSPECTOR		
		TITLE		
/ / •		Il to to be filed	in compliance with RULE 1104.	

above is true and complete to the best of my knowledge and belief.
Kour ( Houles by Telauda Sanders
(Signature)
/ Operator
9-16-71

(Date)

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 multiply