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**NEW MEXICO OIL CONSERVATION MISSION**  
**REQUEST FOR ALLOWABLE**  
**AND**  
**AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

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

**RECEIVED**

NOV 16 1973

**I. OPERATOR**  
 Operator Roger C. Hanks  
 Address 2100 Wilco Building, Midland, Texas 79701  
 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) Change from Scurlock oil

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Vicki-Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>South Dagger Draw Upper Penn. Assoc.</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-045275</u>
Location Unit Letter <u>G</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>26</u> Township <u>20S</u> Range <u>24E</u> , NMPM, <u>Eddy</u> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Permian Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1183, Houston, Texas 77001</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Roger C. Hanks</u>	Address (Give address to which approved copy of this form is to be sent) <u>2100 Wilco Bldg, Midland Texas 79701</u>	
If well produces oil or liquids, give location of tanks. <u>G 26 20 24</u>	Unit <u>G</u>	Sec. <u>26</u>
Twp. <u>20</u>	Rge. <u>24</u>	Is gas actually connected? <u>yes</u>
		When <u>3-27-73</u>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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			
Perforations					Depth Casing Shoe			
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

**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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

**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.

*Kevin Linwood*  
 (Signature)  
 Production Clerk  
 (Title)  
 11/12/73  
 (Date)

**OIL CONSERVATION COMMISSION**  
**NOV 16 1973**  
 APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY *W. A. Gussert*  
 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 deepen well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for all wells on new and recompleted wells.  
 Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter, or other such change of conditions.  
 Separate Forms C-104 must be filed for each pool in multiple

