	NO. OF COPIES ALCEIVED 5 DISTRIBUTION SANTA FE 1 FILE 1 U.S.G.S.	REQUEST F	NSERVATION COMPETION OR ALLOWABLE AND ISPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
	LAND OFFICE IRANSPORTER OIL GAS OPERATOR PROBATION OFFICE		RENCIVED FEB 251974	
3.				
	Roger C. Hanks V Address			
	2100 Wilco Building, Mic Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens		ansporter
	If change of ownership give name and address of previous owner			
П.	DESCRIPTION OF WELL AND L	EASE	motion Kind of Lease	Lease No.
	Lease Name Barbara Federal	Well No. Pool Name, Including For 2 North Dagger	Circle Endergl	
	Location	Feet From The South		he West
		100	25E , NMPM, Eddy	County
		nship 195 Range		
HI.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (office database to Entre of Provide States)	
	Scurlock Oil Company		412 Bldg. of the Southwest, Midland, Texas Address (Give address to which approved copy of this form is to be sent)	
	Roger C. Hanks		2100 Wilco Building, Mi	dland, Texas
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge.	Yes 2/14/74	
IV.	If this production is commingled with COMPLETION DATA	h that from any other lease or pool, a	give commingling order number:	Plug Back Same Res'v, Diff. Res'v
	Designate Type of Completio	n - (X)		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
	Perforations		<u> </u>	Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		·		
v	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)			
	OIL WELL 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 Toat	Cil-Bbls.	Water-Bbis.	Gas-MCF
	Actual Proa. During Tool			
	GAS WELL			
	Actual Prod. Test-MCF/D	Longth of Test	Bbis. Condensate/MMCF	Gravity of Condensate
	Testing Mathod (pitot, back pr.)	Tubing Pressure (Shnt-in)	Casing Pressure (Shut-13)	Choko Slzo
VI	. CERTIFICATE OF COMPLIAN	CE		ATION COMMISSION
	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.		APPROVED -EB 25 1974	
			BY_ Well Gressett	
			TITLE OIL AND GAS INSPECTOR	
	(=ma) (mary Dralience)		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a nawly drilled or deepen well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with AULZ 111.	
	Production Clerk (Tule)		All arctions of this form must be fulled out completely for allo able up new and recompleted wells.	
	2/22/74	2(2)	Fill out only Sections I, well name or number, or transpo	II. III. and VI for changes of own ries, or other such change of conditi- at be filled for each pool in multi- st be filled for each pool in multi-