

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		1
FILE		1 v
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
PRORATION OFFICE		

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

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-65

RECEIVED

JAN 5 1977

Operator Roger C. Hanks	
Address P. O. Box 3148, Midland, TX 79701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Molly Com	Well No. 1	Pool Name, Including Formation North Dagger Draw-UP	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter P	990	Feet From The South	Line and 990	Feet From The East
Line of Section 13	Township 19S	Range 24E	NMPM,	Eddy 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) 1216 Vaughn Bldg., Midland, TX 79701			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Roger C. Hanks	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3148, Midland, TX 79701			
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 13	Twp. 19S	Rge. 24E
Is gas actually connected?	Yes		When 10-20-76	

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 8-23-76	Date Compl. Ready to Prod. 10-17-76		Total Depth 8020		P.B.T.D. --			
Elevations (DF, RKB, RT, GR, etc.) 3606.4 GR	Name of Producing Formation Cisco Canyon		Top Oil/Gas Pay 7676		Tubing Depth 7600			
Perforations 7676-98, 7714-34, 7742-54, 7768-82, 7794-7812-2 shots/ft					Depth Casing Shoe 8020			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13-3/8		402		300 sx			
11	8-5/8		1115		350 sx			
7-7/8	5-1/2		8020		280 sx			
	2-7/8		7600					

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 10-17-76	Date of Test 12-29-76	Producing Method (Flow, pump, gas lift, etc.) Gas Lift	
Length of Test 24 hrs	Tubing Pressure 110	Casing Pressure 1100	Choke Size 2-7/8"
Actual Prod. During Test	Oil - Bbls. 44.85	Water - Bbls. 299.00	Gas - MCF 252

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.

Roger C. Hanks
(Signature)
Owner-Operator
(Title)
January 4, 1977
(Date)

OIL CONSERVATION COMMISSION
JAN 7 1977
APPROVED _____, 19____
BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT II

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 multiply completed wells.