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L	NO. OF COPIES RECEIVED 5.	1		Form C-104	
	DISTRIBUTION	NEW MEXICO OIL CON		Supersedes Old C-104 and C-110	
	SANTA FE		OR ALLOWABLE AND	Effective 1-1-65	
ļ	FILE / V		SPORT OIL AND NATURAL G	AS	
	LAND OFFICE				
-					
	TRANSPORTER GAS /	8 E	CEIVED		
	OPERATOR /				
	I. PRORATION OFFICE JAN 1 2 1977				
1.	Operator		JAN 16 IJII		
	Roger C. Hanks				
Address D. L. L. P. O. Box 3148, Midland, TX 79701 ARTEBIA, OFFICE					
	Reason(s) for filing (Check proper box)	Change in Transporter of:			
	New Well	Oil Dry Gas			
	Recompletion	Casinghead Gas Condens	ate		
	Change in Ownership				
	If change of ownership give name and address of previous owner				
11.	DESCRIPTION OF WELL AND L	Well No. Public addition	rmation Kind of Leas		
		1 Horrow	State, Federa	al or Fee State K-6385	
	Dee State com				
	Unit LetterJ: <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u>				
	Unit Letter;;;			County	
	Line of Section 36 Town	aship 195 Range 2	4Е, №РМ,	Eddy	
			e de la companya de l		
111	DESIGNATION OF TRANSPORT	or Condensate	Address (Give address to which appr	oved copy of this form is to be sent)	
			1216 Vaughn Buildir	ng,Midland,TX 79701	
	Scurlock Oil Company	nghead Gas or Dry Gas	Acdress (Give address to which appr	oved copy of this form is to be sent) 79702	
	Natural Das figeline le 70	Imerica	236	11and TX 79761	
		Unit Sec. Twp. P.ge.	Is gas detually connected? Mic	4-22-77	
If well produces oil or liquids, give location of tanks. J 36 195 24E No Yes			Noves		
	give location of tenant	that from any other lease or pool,	give commingling order number:		
If this production is commingled with that from any other lease or pool, give commingling order number:				Plug Back Same Res'v. Diff. Res'v.	
11	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen		
	Designate Type of Completio		X Total Depth	P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod. 12-11-76 WO Pipeline Hookup		9285	
	9-18-76	WO Fipeline Hookup	9360 Top Oil/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	9126	9163	
	3601.2 GR	Morrow	1.2120	Depth Casing Shoe	
	Perforations			9360	
	9126-32, 9136-48	TUBING, CASING, AN	D CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		13-3/8	409	<u>300 sx</u>	
		8-5/8	1115	<u> </u>	
	7-7/8	5-1/2	0102		
	2-7/8 9163. 2-7/8 9163.				
,	2-7/8 9163 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 allow able for this depth or be for full 24 hours) OIL WELL Date of Test Date First New Oil Bun To Tanks Date of Test				
	Date First New Oil Run 10 June	-		Choke Size	
	Length of Test	Tubing Pressure	Casing Pressure		
	Lender of the		Water - Bbls.	Gas - MCF	
	Actual Prod. During Test	Oil-Bbls.	water - Ppre.	11.1.1.1	
				JAL I	
				Adding	
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate 5	
	Actual Prod. Test-MCF/D				
	1583.39 Testing Method (pitot, back pr.)	24 hrs Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
		2637		10/64	
	Back Pressure			AVATION COMMISSION	
•	CERTIFICATE OF COMPLIANCE		MAY	1 3 1977	
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED/		
	I hereby certify that the fulles and Commission have been complied	with and that the information given be beat of my knowledge and belief	BY_ W.a. Gresset		
	above is true and complete to the	he best of my knowledge and belief	attraction (ICOP	TITLESUPERVISOR, DISTRICT R	
		1 ()	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepene If this is a request for allowable for a newly drilled or deepene		
	(Land () L				
		funces			
	(Signature)		well, this form must be accordance with RULE 111.		
	Owner-Operator (Title)		- All sections of this form	n must be filled out completely for and	
	January 4, 197		able on new and recomplete	WILLING A THE FOR OPPOSED OF OWNE	
			Fill out only Sections well name or number, or tran	I. II. III, and VI for change of conditions porter, or other such change of condition multip	
	(Date)	Separate Forms C-104	must be filed for each pool in multip	
			nomoloted matte		