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DISTRIBUTION 7	NEW MEXICO OIL CONSERVATION COMMISSION	Form C-104
SANTA FE )	REQUEST FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65
FILE	AND	
u.s.g.s.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
LAND OFFICE		
TRANSPORTER OIL / GAS /		
OPERATOR 3		
PROBATION OFFICE		
Operator		
79 to 1:4. 1 <u>∀Δ1:4</u>	50 NA 10	
Address		
p. O. Drawer 570, Farmi	ngton, New Mexico 87401	
Reason(s) for filing (Check proper box)		
New Well	Change in Trunsporter of:	
Recompletion	Cil Dry Gas	
Change in Ownership	Casinghead Gas Condensate	
If change live name Az and address of previous owner	tec Oil & Gas Company, P. O. Drawer 570, Farmingto	on, New Mexico 37401
I. DESCRIPTION OF WELL AND L	EASE   Kind of Lease	Lease No.
Lease Name Hanks	Well No.   Pool Name, Including Formation   Kind of Lease	
Unit Letter M ; 990	Feet From The South Line and 990 Feet From The	West
U	ship 27 North Range 10 West , NMPM,	San Juan County
5 0. 5.5		
II. DESIGNATION OF TRANSPORT  Name of Authorized Transporter of Oil	ER OF OIL AND NATURAL GAS  or Condensate Address (Give address to which approved co	py of this form is to be sent)
		one of this form is to be sent:
Mare at Authorized Transporter of Cast	nghesa Gas 🗀 o: Dry Gas 💢 . Assisso - Give address to which approved co	1.5 Toxos 75201
Southern Union Gatheri	rg Fidelity Union lower, Dai	185, Texas 75201
Southern outer duchers	ng  Tel: Sec Cwo. Rec. Is attactively connected? When	

Fice

Gas Well

Twp.

Set.

If this production is commingled with that from any other lease or pool, give commingling order numbers

Date Compl. Ready to Prod.

Name of Producing Formation

Date of Test

Oll-Bals.

Tubing Pressure

Length of Test

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 beat of my knowledge and belief.

(Signature)

(Title)

(Date)

Tubing Pressure (Shut-in)

CASING & TUBING SIZE

Total Depth

TUBING, CASING, AND CEMENTING RECORD

Top Cil./Gas Pay

Casing Pressure

TITLE \_\_\_

Bbls. Condensate/MMCF

Cosing Pressure (Shut-La)

Water - Bols,

DEPTH SET

Designate Type of Completion - (X)

If well produces oil or liquids, give location of tanks.

Elevations (DF, RKB, RT, GR, etc.)

HOLE SIZE

Date First New Oil Run To Tanks

V. TEST DATA AND REQUEST FOR ALLOWABLE

V. COMPLETION DATA

Date Spudaed

Perforations

Length of Test

GAS WELL

Actual Prod. During Test

Astual Prod. Test-MCF/D

Testing Nethod (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

SF-077874

Same Res'v. Diff. Res'v.

Plug Back

P.B.T.D.

Tubing Depth

Choke Size

Gas-MCR

Choke Size

OIL CONSERVATION COMMISSION

JAN 1 6 19/8

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.

BY Original Signed by A. R. nondrick

Gravity of Condensate

Depth Casing Shoe

SACKS CEMENT

Deepen

(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)

10

Producing Method (Flow, pump, gas lift, etc.)