

DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	1
PRODUCTION OFFICE	

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

Form C-104  
 Supersedes O.C.C. C-104 and C-1  
 Effective 1-1-55

**RECEIVED**

DEC - 7 1973

Operator  
 Roger C. Hanks

Address  
 2100 Wilco Building, Midland, Texas 79701

Reason(s) for filing (Check proper box)  
 New Well  Change In Transporter of: Oil  Dry Gas   
 Recompletion  Cast-in-head Gas  Condensate   
 Change In Ownership

Other (Please explain)  
 add com to lease name

If change of ownership give name and address of previous owner

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Robin-Federal COM	Well No. 1	Pool Name, including Formation South Dagger Draw Upper Penn Assoc.	Kind of Lease State, Federal or Fee Fed. NM-	Lease No. 043625
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</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"/> Scurlock Oil Company	Address (Give address to which approved copy of this form is to be sent) 412 Building of the Southwest, Midland, Texas
Name of Authorized Transporter of Cast-in-head Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Roger C. Hanks	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit <u>F</u> Sec. <u>26</u> Twp. <u>20S</u> Rge. <u>24E</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	Some Restv.	Diff. Re.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

**TUBING, CASING, AND CEMENTING RECORD**

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 of cole 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 (plug, 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.

Ronald Vinograd  
 Production Clerk  
 12/5/73

OIL CONSERVATION COMMISSION  
 APPROVED DEC 7 1973  
 BY W. A. Gressett  
 TITLE OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.  
 If this is a request for allowables for a newly drilled or deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for this on new and recompleted wells.  
 Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such changes of com.  
 Separate Forms C-104 must be filed for each pool in a