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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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-110
Effective 1-1-65

Operator ROGER C. HANKS, LTD.	
Address 1102 Oil & Gas Building, Wichita Falls, Texas 76301	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/> Re-entry <input checked="" type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Change in Ownership <input type="checkbox"/>	Request for Allowable

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE			
Lease Name Zapata-State	Well No. 1	Pool Name, including Formation Bough "C" Undesignated	Kind of Lease State, Federal or Fee State
Lease No. OG 4983			
Location Unit Letter A ; 660 Feet From The North Line and 330 Feet From The East Line of Section 10 Township 10S Range 32E , NMPM, Lea County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Admiral Crude Oil Corporation		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1713, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		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 A	Sec. 10	Twp. 10S
		Rge. 32E	Is gas actually connected? No

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

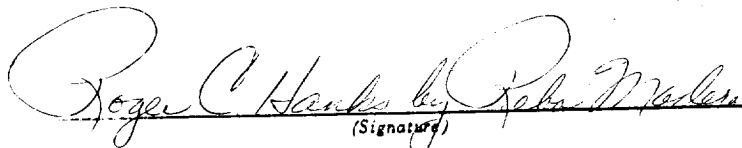
COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Designate Type of Completion - (X)		X		Re-entry					
Date Spudded 6-9-68	Date Compl. Ready to Prod. 7-13-68	Total Depth 9020'		P.B.T.D. 9020'					
Elevations (DF, RKB, RT, GR, etc.) 4333' GL	Name of Producing Formation Bough "C"	Top Oil/Gas Pay 8900'		Tubing Depth 8880'					
Perforations 8900' - 8922' 2 shots per foot		Depth Casing Shoe							

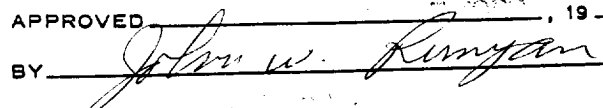
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
7 7/8"	5 1/2"	9020'	300 Sacks
	2 3/8"	8880'	

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 allowable for this depth or be for full 24 hours)

OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks 7-14-68	Date of Test 7-30-68	Kobe (Fluid Lift)	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 996	Oil-Bbls. 96	Water-Bbls. 900	Gas-MCF TSTM

GAS WELL		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Ebls. Condensate/MMCF	
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.	
 General Partner July 31, 1968 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED	19
BY	
TITLE	
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.	