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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
HOBBS OFFICE 9:00 AM
AND
JUN 20 11 35 AM '67
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 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"/>

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE				
Lease Name BRIDWELL STATE	Well No. 1	Pool Name, Including Formation Undesignated - Bough "C"	Kind of Lease State, Federal or Fee State	Lease No. OG 3520
Location Bar U - Pennsylvanian R-3295				
Unit Letter G	1980	Feet From The North	Line and 1980	Feet From The East
Line of Section 1	Township 9S	Range 32E	, NMPM, Lea 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"/> THE PERMIAN CORPORATION	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, 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 SW NE	Sec. 1	Twp. 9S	Rge. 32E	Is gas actually connected? No	When

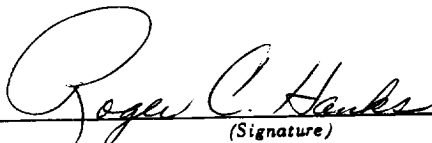
If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input 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 March 2, 1967	Date Compl. Ready to Prod. May 26, 1967	Total Depth 9417'	P.B.T.D. 9417'
Elevations (DF, RKB, RT, GR, etc.) 4404.1 G.L.	Name of Producing Formation Bough "C"	Top Oil/Gas Pay 9122'	Tubing Depth 9010'
Perforations 9138' - 9142' / 2 shots per foot		Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	11 3/4"	305'	300
10 3/4"	8 5/8"	3650'	300
7 7/8"	5 1/2"	9417'	340 cu.ft.
	2 3/8"	9010'	

V. 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)

Date First New Oil Run To Tanks May 26, 1967	Date of Test June 18, 1967	Producing Method (Flow, pump, gas lift, etc.) Kobe (Fluid lift)	
Length of Test 24 hours	Tubing Pressure 1850#	Casing Pressure Nil	Choke Size 2"
Actual Prod. During Test 792	Oil - Bbls. 105 bbls.	Water - Bbls. 687 bbls.	Gas - MCF 8,000

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

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19____	
 (Signature)		BY _____	
General Partner (Title)		TITLE _____	
June 19, 1967 (Date)		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.	