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| 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

1-10-1-37

| | |
|---|---|
| Operator ROGER C. HANKS, LTD. | |
| Address 1102 Oil & Gas Building, Wichita Falls, Texas 76301 | |
| Reason(s) for filing (Check proper box) | |
| 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

| | | | | | | |
|-------------------------------------|-----------------------|-------------------------------|---|--|---------------------------------------|-----------------------------|
| Lease Name Bridwell-State | | Well No. 2 | Pool Name, Including Formation Bar U - Pennsylvanian R-3342 | Kind of Lease Undesignated - Bough "C" | State, Federal or Fee State | Lease No. CG 3920 |
| Location | | | | | | |
| Unit Letter C | 660 | Feet From The North | Line and 1980 | Feet From The West | | |
| Line of Section 1 | Township 9S | Range 32E | NMPM, Lee | | County | |

| | | | | | | |
|--|-----------------------|---|-------------------|--------------------|---|------|
| 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 1/4 | 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:

| | | | | | | | | | |
|---|---|---|--------------------------------------|---|--------------------------------------|------------------------------------|---------------------------------------|---|--|
| Designate Type of Completion - (X) | | Oil Well <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input checked="" 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 8-6-67 | Date Compl. Ready to Prod. 9-15-67 | Total Depth 9115' | | P.B.T.D. 9115' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 4415.7 GL | Name of Producing Formation Bough "C" | Top Oil/Gas Pay 9043' | | Tubing Depth 9054' | | | | | |
| Perforations 9053' 9061' - 9067' 2 Shots per foot | | | | Depth Casing Shoe 9115' | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | | |
| 15 " | 11 3/4" | | 302' | | 350 | | | | |
| 10 3/4" | 8 5/8" | | 3650' | | 300 | | | | |
| 7 7/8" | 5 1/2" | | 9115' | | 550 | | | | |
| | 2 3/8" | | 9054' | | | | | | |

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)

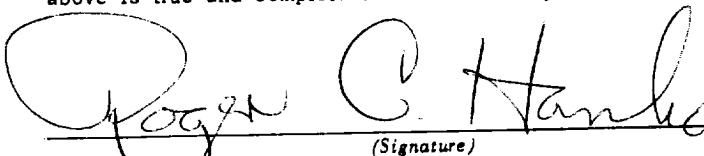
| | | | |
|---|-----------------------------------|--|----------------------------|
| Date First New Oil Run To Tanks 9-15-67 | Date of Test 9-15-67 | Producing Method (Flow, pump, gas lift, etc.) Flow | |
| Length of Test 24 hours | Tubing Pressure 175 psi | Casing Pressure - | Choke Size 24/64 |
| Actual Prod. During Test 299.71 | Oil-Bbls. 299.71 | Water-Bbls. -0- | Gas-MCF - |

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

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.


(Signature)
General Partner
(Title)
September 16, 1967
(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.