NO. OF COPIES REC	EIVED	i	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			

	NO. OF COPIES RECEIVED	·	- *		
	DISTRIBUTION	NEW MEYICO OU O	01105501451014 00411400101		
	SANTA FE		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11	
	FILÉ	REQUEST	· · · · · · · · · · · · · · · · · · ·	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	AND		
	LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS	
	TRANSPORTER GAS		" '" '" ''/		
	OPERATOR				
1.	PRORATION OFFICE Operator				
	ROGER C. HANKS, LTD	•			
	Address				
	1102 Oil & Gas Buil	ding, Wichita Falls,	Texas 76301		
	Reason(s) for filing (Check proper box)		Other (Please explain)		
	New Well	Change in Transporter of:	Designation of	Transporter of	
	Recompletion	Oil Dry Ga	° 💹 Casinghead Gas	_	
	Change in Ownership	Casinghead Gas Conden	sate		
	If change of ownership give name and address of previous owner				
27		CEACE			
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.	
	McGuffin	1 Undesignated	- Bough "C" State, Federal	or Fee Fee	
		D Feet From The South Lin	e and 1830 Feet From T	he <u>Last</u>	
				ea County	
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil		S Address (Give address to which approv	ed copy of this form is to be sent)	
	Pan American Petrol		P.O. Box 1725, Midl		
	Name of Authorized Transporter of Cas		Address (Give address to which approv	ed copy of this form is to be sent)	
	Warren Petroleum Con	rporation	P.O. Box 1589, Tuls	a, Oklahoma 74102	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Whe		
		0 24 9S 32E			
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Dift. Resty.	
	Designate Type of Completio	$n - (X)$ \times \mathbf{x}			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	8-19-67	10-18-67	91201	9120	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fyrmation	Top Oil/Gas Pay	Tubing Depth	
	4351.4 GL	Bough "C"	9051	9023 *	
	Perforations	Bodgii C	9031.	Depth Casing Shoe	
	9051! - 9071! 2	shots per foot		9120	
			CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	15 "	31 3/4H	332	375	
	11 "	8 5/8"	36261	300	
	7 7/8"	5 1/2"	91201	550	
		2 3/8"	90231		
V.	TEST DATA AND REQUEST FO		ter recovery of total volume of load oil a	nd must be equal to or exceed top allow-	
	OIL WELL	able for this de	pth or be for full 24 hours)		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	e, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
•	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
	GAS WELL			1	
1	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			
	= - 				
	_	agulations of the Oil Conservation	APPROVED	, 19	
	I hereby certify that the rules and r	egulations of the Oil Conscivation	Commission have been complied with and that the information given		
	I hereby certify that the rules and r Commission have been complied w	ith and that the information given	N	:	
_	Commission have been complied w	ith and that the information given	BY		
	Commission have been complied w	ith and that the information given	TITLE		
	Commission have been complied w	ith and that the information given	TITLE_	omolience with BILL 5 (104	
	Commission have been complied w	ith and that the information given	TITLE This form is to be filed in co	ompliance with RULE 1104.	

October 26_{(Oat.}1,967

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.