Do Hautio	);• );•	i	L
SANTA FE			
FILE			
U.S.G.S.		<u> </u>	
LAND OFFICE		<u> </u>	
TRANSPORTER	OIL	<u> </u>	
I HANSPORTER	GAS	<u> </u>	
OPERATOR			

## NEW MEXICO OIL CONSERVATION COMMIS . N

Form C-104

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-116 Effective 1-1-65		
	FILE		AND			
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS		
	LAND OFFICE					
	TRANSPORTER OIL					
	GAS					
	OPERATOR			•		
I.	PRORATION OFFICE					
	Operator					
	ROGER C. HA	NKS				
	Address	Building, Midland, Te	xas 79701			
			Other (Please explain)			
	Reason(s) for filing (Check proper b	Change in Transporter of:		EEN PLACED IN THE POOL		
		Oil Dry Ga	BESIGNATED STATE	W. IF YOU DO NOT CONCUR		
	Recompletion	Casinghead Gas Conden		N		
	Change in Ownership	Cushiqueda Guo				
	If change of ownership give name					
	and address of previous owner					
		Allican Penne	sulvanian R-4014			
11.	DESCRIPTION OF WELL AN	D LEASE Allison-Penns   Well No.   Pool Name, Including Fo	ormation Kind of Lea	se Lease No.		
		1 Allison - B		al or Fee Federal LC069300		
	Marco-Federal	1 / //1110011 0	3 3			
	/ D 6	60 Feet From The South Lin	e and 660 Feet From	The East		
	Unit Letter;;	Feet From The	e diid			
	Line of Section 12	Cownship 95 Range	36E , NMPM,	Lea County		
	Line of Section 12					
III.	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	s			
	Name of Authorized Transporter of	or Condensate	Address (Give address to mitter oppi			
	Mobil Oil Corpora	tion	P.O. Box 900, Dall Address (Give address to which appr	as, Texas		
	Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to which appr	oved copy of this form is to be sent/		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	10 400	hen		
	give location of tanks.	P   12   9S   36E	No			
	If this production is commingled	with that from any other lease or pool,	give commingling order number:			
	COMPLETION DATA			Plug Back   Same Res'v.   Diff. Res'v.		
		Oil Well Gas Well	New Well Workover Deepen	Plug Buck Same ries vi		
	Designate Type of Comple		X	P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.1.D.		
	4/22/70	6/6/70	9770 1 Top Oil/Gas Pay	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.		1	9650'		
	4024.4 GR	Bough "C"	9719'	Depth Casing Shoe		
	Perforations	1124				
	////-	· · · · · · · · · · · · · · · · · · ·	CEMENTING RECORD			
			DEPTH SET	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	400'	260		
	15"	8 5/8"	4180'	400		
	11"		9770'	400		
	7 7/8"	5 1/2"	9650			
			A CONTRACTOR OF THE PARTY OF TH	I and must be equal to or exceed top allows		
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)					
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
	1	6/8/70	Pump			
	6/6/70	Tubing Pressure	Casing Pressure	Choke Size		
	Length of Test	I about 1 100000				
	24 hours Actual Prod. During Test	Oil-Bbls.	Water - Bble.	Gas-MCF		
		150	206	Est. 300		
	356	100				
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
	Actual Float Tool Most					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	rearried interner (based ages b.s.)	, ,				
		ANCE	OIL CONSERV	ATION COMMISSION		
VI	. CERTIFICATE OF COMPLI	NCE	( ) JUN 10	107		
		ed regulations of the Oil Conservation	APPROVED	, 19		
		nd regulations of the Oil Conservation d with and that the information given	- Marier			
	Commission have been compiled with and that the best of my knowledge and belief.		TITLE SUPERVISOR DISTRICT			
		/ //	TITLE	portion.		

above is true and complete to the best of my knowledge and belief.
Cour C. Handesty Unida Sanders
(Signature)
Operator
(Title)
June 9, 1970
(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.