

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. BLM #NM 0357759	
2. NAME OF OPERATOR ROGER C. HANKS, LTD.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1102 Oil & Gas Building, Wichita Falls, Texas 76301		7. UNIT AGREEMENT NAME None	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL and 1980' FEL		8. FARM OR LEASE NAME Collins-Federal	
14. PERMIT NO. Approved 4-4-68		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4320' DF		10. FIELD AND POOL, OR WILDCAT Undesignated	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 19-8S-34E	
		12. COUNTY OR PARISH Roosevelt	13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Daily Production Test</u> <input checked="" type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

7-16-68 35 bbls. new oil; 16 strokes per minute at 3400#; 5 gal.
7-17-68 31 water every 11 seconds
7-18-68 31
7-19-68 31
7-20-68 33
7-21-68 33
7-22-68 33
7-23-68 29 bbls. new oil; 15 strokes per minute at 3400#; 5 gal.
7-24-68 33 water every 14 seconds; treater pressure 23#
7-25-68 33
7-26-68 31
7-27-68 31
7-28-68 31
7-29-68 28

18. I hereby certify that the foregoing is true and correct

SIGNED Roger C. Hanks

TITLE General Partner

DATE August 1, 1968

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

DATE

District Engineer

*See Instructions on Reverse Side