

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLES OF OIL AND NATURAL GAS
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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

I.

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"/> RE-entry Change in Transporter or Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Recompletion <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Change in Ownership <input type="checkbox"/>	
Other (Please explain) Request Allowable. Presently producing under testing allowable assigned 4-3-68 of 2000	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cabot-State	Well No. Pool Name, including Formation 1 Undesignated - Bough "C"	Kind of Lease State, Federal or Fee State	Lease No. K-3724
Location Unit Letter K 1980 Feet From The West Line and 1980 Feet From The South Line of Section 32 Township 8S Range 36E NMPM, Roosevelt 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"/> Admiral Crude Oil Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1713, Midland, Texas	
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 K	Sec. 32
	Twp. 8S	Rge. 36E
	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) 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 Reservoir <input type="checkbox"/>		
Date Spudded 2-25-68	Date Compl. Ready to Prod. 3-29-68	Total Depth 9849.92' KDB	P.B.T.D. 9849.92'
Elevations (DF, RKB, RT, GR, etc.) 4105.9'	Name of Producing Formation Bough "C"	Top Oil Gas Pay 9800'	Tubing Depth 9733'
Perforations 9800'-9801'; 9804'-9810'; 9812'-9814' 2 shots per foot			Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 13 3/8"	CASING & TUBING SIZE 8 5/8"	DEPTH SET 4075' Tied back into previous 8 5/8" shot off at 1518' giving inter. prod. string from surface to 4075'	SACKS CEMENT 400 Sacks
7 7/8"	5 1/2"	9849'	9733'

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

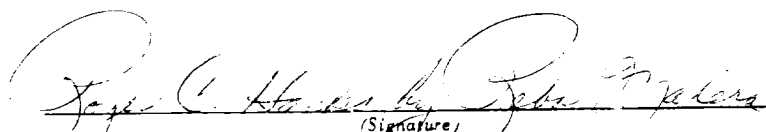
Date First New Oil Run To Tanks 4-1-68	Date of Test 7-15-68	Producing Method (Flow, pump, gas lift, etc.) Kobe Triplex, Sargent 2 3/8" X 2 3/8"	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 920	Oil - Bbls. 20	Water - Bbls. 900	Gas - MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back p.)	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)

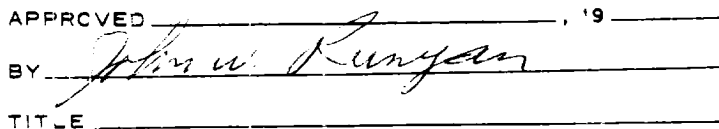
General Partner

(Title)

July 20, 1968

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, '9
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.