

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

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

I.

Operator ROGER C. PANKS		
Address 606 Wall Towers East, Midland, Texas 79701		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	request for allowable.
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Midwest-State	Well No. 1	Pool Name, including Formation Gage-Pennsylvanian K-3818 Undesignated - 3019	Kind of Lease State, Federal or Fee	Lease No. L-529
Location Unit Letter <u>10</u> Feet From The <u>North</u> Line and <u>178</u> Feet From The <u>East</u>				
Line of Section <u>32</u> Township <u>8S</u> Range <u>36E</u> , NMPM, <u>Reesevelt</u> 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"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 100, Dallas, Texas 75202					
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 10	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)	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 6-7-66	Date Compl. Ready to Prod. 8-3-66		Total Depth 10,030'		P.B.T.D. 10,030'			
Elevations (DF, RKB, RT, GR, etc.) 4134.0 DF	Name of Producing Formation Boggt '10'		Top Oil/Gas Pay 9802'		Tubing Depth 9761'			
Perforations 9802' - 9828' 4 slots per foot					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	13 3/8"		416'		425 sacks			
11"	8 5/8"		4,065'		30 sacks			
7 7/8"	5 1/2"		2,130'		400 sacks			
	2 3/8"		9,761'					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

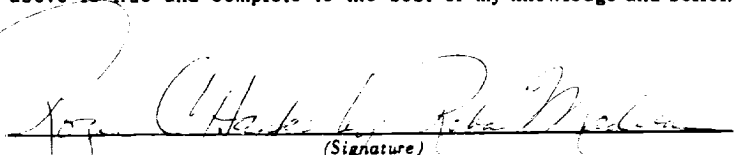
Date First New Oil Run To Tanks 8-3-66	Date of Test 8-4-66	Producing Method (Flow, pump, gas lift, etc.) Pump (logs)	
Length of Test 24 HOURS	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 1336	Oil-Bbls. 304	Water-Bbls. 1.32	Gas-MCF 1574

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)
Operator
(Title)
August 6, 1966
(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.