

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-109 and C-110
Effective 1-1-65

SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRORATION OFFICE

Operator

ROGER C. HANKS

Address

2000 Wilco Building, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well

☒

Recompletion

☐

Change in Ownership

☐

Change in Transporter of:

Oil

☐

Dry Gas

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

R-4032

Lease Name Peggy-Federal	Well No. 1	Pool Name, including Formation Vada Penn, Bough "C"	Kind of Lease State, Federal or Fee Federal	Lease No. NM4039-A
Location Unit Letter <u>F</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>34</u> Township <u>8S</u> Range <u>35E</u> , NMPM, <u>Roosevelt</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"/> Mobil Trucking	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, Texas 75221					
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 F	Sec. 34	Twp. 8S	Rge. 35E	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 6-9-70	Date Compl. Ready to Prod. 7-23-70		Total Depth 9845'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 4179.6 GR	Name of Producing Formation Bough "C"		Top Oil/Gas Pay 9762'		Tubing Depth			
Perforations 9762'-9780', 2 shots/foot, Wesjet Magnum					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	12 3/4"		417'		400 SX			
11"	8 5/8"		4050'		350 SX			
7 7/8"	5 1/2"		9845'		400 SX			
	2 3/8"		9720'					

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 7-23-70	Date of Test 7-23-70	Producing Method (Flow, pump, gas lift, etc.) Pump, Kobe	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 1357	Oil-Bbls. 560	Water-Bbls. 797	Gas-MCF Est. 375

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.

Roger C. Hanks
(Signature)
Operator

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY *John W. Runyan*
TITLE *Geologist*

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 allow-

RECEIVED

JUL 31 1970

OIL CONSERVATION COMM.
HOBBS, N. M.