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| DISTRIBUTION | | | |
| SANTA FE | | | |
| FILE | | | |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | | |
| PRORATION OFFICE | | | |

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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| Operator Roger C. Hanks | |
| Address 2100 Wilco Building, Midland, Texas 79701 | |
| Reason(s) for filing (Check proper box) | |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: |
| 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"/> |
| Other (Please explain) THIS WELL IS NOT PLACED IN THE POOL BECAUSE THE POOL DOES NOT CONCUR IN THE PRODUCTION | |

If change of ownership give name
and address of previous owner

| | | | |
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| II. DESCRIPTION OF WELL AND LEASE | | R-4063 | |
| Lease Name Helen-Federal | Well No. 1 | Pool Name, Including Formation Undesignated, Bough "C" | Kind of Lease State, Federal or Fee Federal |
| Location | | NM Lease No. 0145685 | |
| Unit Letter M ; 660 Feet From The West Line and 660 Feet From The South | | | |
| Line of Section 31 Township 8S Range 35E , NMPM, Roosevelt | | County | |

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| 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 Oil Corporation | 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 Sec. Twp. Rge. Is gas actually connected? When |
| | M 31 8S 35E No |

If this production is commingled with that from any other lease or pool, give commingling order number:

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| IV. COMPLETION DATA | |
| Designate Type of Completion - (X) | Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v. |
| | X X X |
| Date Spudded 8-29-70 | Date Compl. Ready to Prod. 10-14-70 |
| Elevations (DF, RKB, RT, GR, etc.) 4207.4' GR | Name of Producing Formation Bough "C" |
| Perforations 9735-61' 4 shots per foot, Wes-jet Magnum | Total Depth 9825' |
| | Top Oil/Gas Pay 9735' |
| | Tubing Depth 9730' |
| | Depth Casing Shoe |
| TUBING, CASING, AND CEMENTING RECORD | |
| HOLE SIZE | CASING & TUBING SIZE |
| 17 1/2" | 12 3/4" |
| 11" | 8 5/8" |
| 7 7/8" | 5 1/2" |
| | DEPTH SET |
| | 370' |
| | 4155' |
| | 9825' |
| | SACKS CEMENT |
| | 400 SX. |
| | 350 SX. |
| | 400 |

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| 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 10-14-70 | Date of Test 10-14-70 |
| Length of Test 24 hours | Producing Method (Flow, pump, gas lift, etc.) Kobe pump |
| Actual Prod. During Test 1132 | Tubing Pressure Casing Pressure Choke Size |
| | Oil-Bbls. Water-Bbls. Gas-MCF |
| | 200 932 Est. 225 |

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| GAS WELL | |
| Actual Prod. Test-MCF/D | Length of Test |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) |
| | Casing Pressure (Shut-in) |
| | Choke Size |

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| 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. | |
| Operator 10-16-70 | |
| OIL CONSERVATION COMMISSION APPROVED 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. | |