Ø + 54	-		
		CONSERVATION COMM. ON	Form C-104
SANTA FE FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 Effective 1-1-65
U.S.G.S.	AUTUODIZATION TO TO	AND	
LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	L GAS
OIL			
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE	<u></u>		
Operator Roger C. Hanks			
Address			
2100 Wilco Building,	, Midland, Texas 79'	701	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Welk	Change in Transporter of:		
Recompletion	Oil Dry Go		
Change in Ownership	Casinghead Gas Conde	nsate Casinghead C	Gas Connection
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND I	FASE		
DESCRIPTION OF WELL AND L Lease Name	Well No. Pool Name, Including F	ormation Kind of Le	1 -
Blond-State	2 Vada Penn, I	Bough "C" State, Fed	ergl or Fee State K-4:
Location			
Unit Letter P : 660	Feet From The South Lir	ne and	om The East
Line of Section 32 Town	nship 8S Range	35E , NMPM, ROOS	sevelt c
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	ER OF OIL AND NATURAL GA	Address (Give address to which ap	proved copy of this form is to be ser
Mobil Pipe Line Cor	mpany/Amoco Prod.		allas, Texas 75221
Name of Authorized Transporter of Casi			proved copy of this form is to be sen
Warren Petroleum Corp	poration	P. O. Box 1589, 7	Tulsa, Okla. 74102
If well produces oil or liquids,	Unit Sec. Twp. Ege.		When 22 1070
give location of tanks.	P 32 8S 35E	Yes	December 23, 1970
If this production is commingled with	that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff.
Designate Type of Completion		les well workers.	1
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spaaded			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
, , , , , , , , , , , , , , , , , , , ,			
Perforations			Depth Casing Shoe
	TUBING, CASING, ANI	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			:
	DATE OF A TANK TO A TANK T	ifter recovery of total volume of load of	oil and must be equal to or exceed to
TEST DATA AND REQUEST FO	RALLOWABLE (lest must be a able for this de	epth or be for full 24 hours)	on the mass of the second
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	1	
	Tubing Pressure		0 1/05
	Oil-Bble.	Water-Bbls.	Gas - MCF
Length of Test		Water - Bbls.	Gαs - MCF
Length of Test		Water - Bbls.	Gas - MCF
Length of Test Actual Prod. During Test GAS WELL	Oil-Bble.		Gas - MCF Gravity of Condensate
Length of Test Actual Prod. During Test GAS WELL		Water-Bbls. Bbls. Condensate/MMCF	
Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	Oil-Bble. Length of Test	Bbls. Condensate/MMCF	
Length of Test Actual Prod. During Test GAS WELL	Oil-Bble.		Gravity of Condensate
Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	Oil-Bble. Length of Test Tubing Pressure (Shut-in)	Bbls. Condensate/MMCF Casing Pressure (Shut-in)	Gravity of Condensate Choke Size
Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	Oil-Bble. Length of Test Tubing Pressure (Shut-in)	Bbls. Condensate/MMCF	Gravity of Condensate

Operator (Title)

(Date)

ATION COMM. ON LOWABLE

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

Lease No.

County

K-4348

Same Res'v. Diff. Res'v.

er recovery of total volume of load oil h or be for full 24 hours)	and must be equal to br exceed top disou
Producing Method (Flow, pump, gas li	ft, etc.)
Casing Pressure	Choke Size
Water - Bbis.	Gas - MCF
Bbls. Condensate/MMCF	Gravity of Condensate
Bbis. Condensate/MMCr	Charles of Condensate
Casing Pressure (Shut-in)	Choke Size
APPROVED AUG 13	TION COMMISSION 19 19 19 19 19 19 19 19 19 1
If this is a request for allowell, this form must be accompatests taken on the well in accompate the sections of this form must be on new and recompleted we fill out only Sections I. I well name or number, or transpor	ist be filled out completely for allow

RECEIVED

AUG 121971 OIL CONSERVATION COMM. HOBBS, N. M.