

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. 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)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>C. M. Graham</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Shoe Bar East</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>L</u> ; <u>660</u> Feet From The <u>West</u> Line and <u>1980</u> Feet From The <u>South</u>				
Line of Section <u>29</u> Township <u>16S</u> Range <u>36E</u> , NMPM, <u>Lea</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"/> <u>Permian Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1183, Houston, Texas 77001</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Bartlesville, Okla. 74004</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>L</u> Sec. <u>29</u> Twp. <u>16S</u> Rge. <u>36E</u>	Is gas actually connected? <u>Yes</u> When <u>12/13/72</u>

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. <input type="checkbox"/>
Date Spudded <u>6-28-72</u>	Date Compl. Ready to Prod. <u>9-2-72</u>		Total Depth <u>13,010</u>			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) <u>3927 GR</u>	Name of Producing Formation <u>Devonian</u>		Top Oil/Gas Pay <u>12,998-TD</u>			Tubing Depth <u>12,850</u>		
Perforations <u>Open hole completion 12,978-13,011'</u>		TUBING, CASING, AND CEMENTING RECORD			SACKS CEMENT			

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 <u>Aug. 27, 1972</u>	Date of Test <u>8:00a.m. 9-1-72</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>360#</u>	Casing Pressure <u>Nil (double grip packer @ 12,860')</u>	Choke Size <u>1/2"</u>
Actual Prod. During Test <u>730 bbls.</u>	Oil-Bbls. <u>720 bbls.</u>	Water-Bbls. <u>10 bbls.</u>	Gas-MCF <u>400 MCF-Estim</u>

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]  
(Signature)

Production Clerk  
(Title)

9/11/72  
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 26 1972, 19\_\_  
BY Joe D. Ramey  
TITLE Dist. I, Supv.

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or de  
well, this form must be accompanied by a tabulation of the de  
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for  
able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of  
well name or number, or transporter, or other such change of co

Separate Forms C-104 must be filed for each pool in

RECEIVED

1-24-67

OIL CONSERVATION COMM.  
HULL, H. M.