

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-
Effective 1-1-65

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)	
CASINGHEAD GAS MUST NOT BE FLARED AFTER 11/12/72 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
C. M. Graham	2	Shoe Bar East R-4437	State, Federal or Fee Fee	
Location				
Unit Letter L	660	Feet From The West	Line and 1980	Feet From The South
Line of Section 29	Township 16S	Range 36E	NMPM, Lea	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)	
Permian Corp.	P. O. Box 1183, Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum Co. (negotiating connections)	Bartlesville, Okla. 74004	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	L	29
	16S	36E
	No	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
6-28-72	9-2-72		13,010					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3927 GR	Devonian		12,998-TD		12,850			
Perforations					Depth Casing Shoe			
Open hole completion 12,978-13,011'					12,976			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8" 24#		464'		450 sx.			
11"	8 5/8" 32#		4270'		350 sx.			
7 7/8"	5 1/2" 17#		13,002'		400 sx.			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Aug. 27, 1972	8:00a.m. 9-2-72	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	360#	Nil (double grip packer @ 12,860')	1 1/2"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
730 bbls.	720 bbls.	10 bbls.	
Brac-wtr., not form. wtr. 400 MCF-Estimate			

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Donna Vineyard
(Signature)

Production Clerk

(Title)

9/11/72

(Date)

OIL CONSERVATION COMMISSION	
APPROVED	SEP 20 1972
BY	<u>[Signature]</u>
TITLE	SUPERVISOR DISTRICT I

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.

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SEP 12 1971

DIR. CONSERVATION OF NM.
WASH. D. C.