į	- NO. 00 COPIES RECEIVED	NEW MEXICO OIL C		
	DISTRIBUTION	THE WEATON OIL C	CONSERVATION COMMI ON	Form C-104
	SANTA FE.	/ REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1 Effective 1-1-65
	FILE	(V.,_,,_,_,	AND	
	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
	LAND OFFICE OIL			
	ORTER GAS			
	OPERATOR ,			
	PRORATION OFFICE			
I.	Operator			
	ROGER C. HANKS			
	Address			
	P. O. Box 3148, Midland, Texas 79701			
	Reason(s) for filing (Check proper box)		Other (Please explain)	CAS MUST NOT BE
	New Well	Change in Transporter of:	The state area	5/1/16
	Recompletion	Oil Dry Go		CEPTION TO R-4070
	Change in Ownership	Casinghead Gas Conde	is OBTAINED.	TELL RIOH TO IN-HOLY
	If change of ownership give name			
	and address of previous owner		<del>· · · · · · · · · · · · · · · · · · · </del>	
			<i>*</i>	
II.	DESCRIPTION OF WELL AND	Well No.: Pool Name, Including F	ormation / Kind of Lea	se Lease No.
		1 Undesigna	Signa Fada	ral or Fee State
	Patty Lou	1 Undesigne	icea	D CG CG
	-	4 Feet From The N Lir	ne and 554 Feet From	The F
	Unit Letter A: 55.	4 reet from the N	334	<u> </u>
	Line of Section 30 Tov	vnship 16S Range 3	BE , NMPM, Lea	County
	30-	±03		
H.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	NS	(1) (-1)
	Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent)			
	Permian Corporation  P. O. Box 1183, Houston, TX 77001  New of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)			
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)			
	None		11	her.
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	12 920	ne
	give location of tanks.	A 30 16S 36E	No.	
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:	
₹V.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res's
	Designate Type of Completion	on = (X)		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	1	2-25-76	11.827	
	12-4-75 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	11,827 Top Oil/Gas Pay	Tubing Depth
	3930.3 GL	Lower Strawn	11.390	Depth Casing Shoe
	Perforations 11,456,11,458, 11,460, 11,472, 11,474, 11,476, 11,488,			
	13 400 11 402 11 404! with 1 chot per ft			
	2271307 2271327 227	TUBING, CASING, AN	D CEMENTING RECORD	CA CYC CENENT
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	15"	13-3/8	425	400 sx.
	11"	8-5/8	4300	450 sx.
			11402	560 sx.
	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top all			
V.	able for this depth or be for full 24 hours)			
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
		2-25-76	Flow	
	2-25-76 Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	10-1/2 hrs	420	· ·	] / ¼ " Gan-MCF
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
	132 Bbls.	66.00	66.00	None
	1 102 DDIO.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	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		OIL CONSERVATION COMMISSION	
			TAR TARE	(i) (i) (i) (ii)
	I hereby certify that the rules and	regulations of the Oil Conservation	All   ROVED	
	Commission have been complied washove is true and complete to the	vith and that the information given		2/16/20
	above is true and complete to the	Dear or my knowledge and botton		/ Jab

Production Clerk (Tule)

March 4, 1976

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 able 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

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