

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator  
Roger C. HanksAddress  
Rt. 4, Box 206, Tano Rd.; Santa Fe, N.M. 87501

Reason(s) for filing (Check proper box)

New Well ☐  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

casinghead gas pipeline  
connection completedIf change of ownership give name  
and address of previous owner \_\_\_\_\_

## DESCRIPTION OF WELL AND LEASE

Lease Name Ruth State	Well No. 1	Pool Name, Including Formation Undesignated - WLFCMP	Kind of Lease State, Federal or Fee State	Lease No. B-2894
Location Unit Letter <u>M</u> : <u>990</u> Feet From The <u>W</u> Line and <u>990</u> Feet From The <u>S</u> Line of Section <u>20</u> Township <u>16S</u> Range <u>36E</u> , NMPM, <u>Lea</u> County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> J. M. Petroleum	Address (Give address to which approved copy of this form is to be sent) 2000 N. Tower Plaza of the Americas, Dallas, Tex. 75201	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum	Address (Give address to which approved copy of this form is to be sent) 4 Home Savings & Loan Bartlesville, Ok. 74004	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 20
	Twp. 16S	Rge. 36E
	Is gas actually connected? <u>yes</u> When <u>March 27, 1983</u>	

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

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded 8/3/82	Date Compl. Ready to Prod. 11/1/82		Total Depth 12,000		P.B.T.D. 10,450			
Elevations (DF, RAB, RT, GR, etc.) 3939.1 GR	Name of Producing Formation WLFCMP		Top Oil/Gas Pay 10,379		Tubing Depth 10,300			
Perforations 10,382-85					Depth Casing Shoe 10,449			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
16"	13 3/8"	389'	400 SX CIR
11"	8 5/8"	4240'	1700 SX CIR
7 7/8"	5 1/2"	10,450'	300 SX
	2 3/8"	10,300'	Tub Anchor

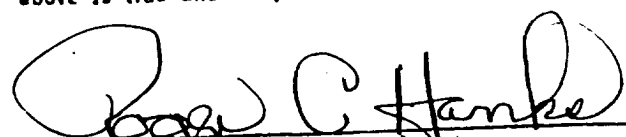
TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL

Date First New Oil Run To Tanks 11/1/82	Date of Test 1/27/83	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hrs.	Tubing Pressure zero	Casing Pressure zero	Choke Size open
Actual Prod. During Test 45 BBLs.	Oil - Bbls. 44 BBLs.	Water - Bbls. 1	Gas - MCF 38 MCF

## GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (spurt, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

## CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation  
Division have been complied with and that the information given  
above is true and complete to the best of my knowledge and belief.  
Roger C. Hanks  
Owner-operator  
(Title)April 4, 1983  
(Date)

## OIL CONSERVATION DIVISION

APPROVED APR 8 1983, 19  
April 8, 1983BY JERRY SEXTON  
DISTRICT I SUPERVISOR

TITLE \_\_\_\_\_

This form is to be filled 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 filled for each pool in multiply  
completed wells.

RECEIVED  
APR 7 1983  
O.C.D.  
HOBBS OFFICE