

OIL CONSERVATION DIVISION

P. O. BOX 7088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Roger C. HanksCASINGHEAD GAS MUST NOT BE
FLARED AFTER 11/1/82
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.Address
Rt. 4, Box 206, Tano Road; Santa Fe, NM 87501

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

Requesting daily allowable

204 BBLS

If change of ownership give name
and address of previous owner

N/A

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Ruth-State	1	UN-NAMED - WLF CMP	State, Federal or Fee	B-2894
Location				
Unit Letter	M	990 Feet From The	W	Line and 990 Feet From The
	20	Township	16S	Range
			36E	NMPM, LEA
				County

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)
JM Petroleum Corp	2000 N. Tower; Plaza of the Americas,
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
New (possibly Phillips Petroleum)	Dallas, TX 75201
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When Prior to Producing Status
TST TNK	M 20 16S 36E NEW - NO

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
8/3/82	11/1/82	12,000	10,450					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3939.1	WLF CMP	10,379	10,300					
Perforations	(Documentation previously submitted w/C-104 of 10/382-85 4S/Ft 10/6/82 - approved 10/13/82)	Depth Casing Shoe						
		10,449						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	SEE ATTACHED SHEET		

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.)	
10/1/82	10/30/82	FLOW	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 HRS	290	NA-PCKR	20/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
04 Bbl.	204 Bbl.	TSTN	250,000

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

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 is true and complete to the best of my knowledge and belief.

OWNER/OPERATOR

(Title)

11/23/82

(Date)

OIL CONSERVATION DIVISION

DEC 6 1982

APPROVED _____ 9 _____

BY _____ ORIGINAL SIGNED BY _____

JERRY SEXTON

TITLE _____ DISTRICT 1 SUPR.

This form is to be filed in compliance with NUL 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.

RECEIVED

DEC 3 1982

C.C.D.
HOBBS OFFICE