

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	
Operator	

Roger C. Hanks

Address
Rt. 4, Box 206, Tano Road; Santa Fe, N.M. 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 testing allowable
of 2000 bbls. prior to potentialIf 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 - WLFCMP	State, Federal or Fee STATE	B-2894
Location				
Unit Letter	M	990 Feet From The	W	Line and 990 Feet From The
				S
Line of Section	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)	
International Crude Corporation	1500 Industrial Blvd; Abilene, TX 79602 (Temp)	
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 Pet.)		
If well produces oil or liquids, give location of tanks	Unit	Sec.
TST TNK	M	20
		16S
		36E
Is gas actually connected?	When	Prior to
NEW - NO		Producing Status

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'tv.	Diff. Res'tv.
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
8/3/82	10/4/82 TESTING		12,000			10,450		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
3939.1	WLFCMP		10,379			10,300		
Perforations						Depth Casing Shoe		
10,382-85	4S/Ft					10,449		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
7-7/8	5-1/2" 17# K-55	10,450	300 SX
--	2-3/8 4.5# J-55	10,300	PCKR

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	10-4-82	FLOW	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 HRS	480-515#	NA-PCKR	16/64"-12/64"-10/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
175 ±	175 ±	None	Est 500,000 CU FT

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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 above is true and complete to the best of my knowledge and belief.



OWNER/OPERATOR

(Title)

10/6/82

(Date)

OIL CONSERVATION DIVISION

APPROVED 007 13 1982, 19BY ORIGINAL SIGNED BYTITLE DEPUTY DIVISION

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 deviate 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 multiple completed wells.

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