NO. OF COPIES RECEIVED			3		
DISTRIBUTION					
SANTA FE		7			
FILE		II			
U.S.G.S.		i			
LAND OFFICE					
TRANSPORTER	OIL				
I KANSI OKI EK	GAS				
OPERATOR		2			
PRORATION OFFICE					
Operator					
Hicks Enco, Inc.					

	SANTA FE /	•	FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS	
	LAND OFFICE				
	TRANSPORTER GAS				
•	OPERATOR 2 PRORATION OFFICE	-			
I.	Operator				
	Hicks Enco, Inc.				
	2313 Santiago Ave., Farmington, NM 87401				
	Reason(s) for filing (Check proper box	Change in Transporter of:	Other (Please explain)		
	Recompletion	OII Dry Go	as [
	Change in Ownership X	Casinghead Gas Conde	nsate		
	If change of ownership give name and address of previous owner	Engineering & Production	n Service, Inc., Box 19	0, Farmington, NM 87401	
11	DESCRIPTION OF WELL AND	IFACE			
11.	Lease Name	Well No. Pool Name, Including F	· ·	71 1 75 1011	
	Dana State	l Rusty Gallup	POOL EXT State, Feder	utorree State K-1017	
	Unit Letter G; 1	710 Feet From The North Lin	ne and 1710 Feet From	The East	
	Line of Section 16 To	wnship 22N Range '	7W , nmpm, S	andoval county	
	Cine or occitor				
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which appro	oved copy of this form is to be sent)	
	Merit Oil Corpora		300 W. Arrington, Su	ite 300, Farmington, NM	
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (i) the dadress to watch appro	spea copy of this form is to be semi	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.		unknown	
	give location of tanks.		NO NO	UNKNOWN	
IV.	COMPLETION DATA	ith that from any other lease or pool,		Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completic	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	, , , , , , , , , , , , , , , , , , , ,			Depth Casing Shoe	
	Perforations			Depth Custing Shoe	
		, 	CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
v.	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 allowable 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 I	ift, etc.)	
		Tubing Pressure	Casing Pressure	Choke Size	
	Length of Test	I ubing Pressure			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gap - MCF	
				1 1 1 1 1 1 1 1 1	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. 1981-MCF/D	Length of Teet			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI	CERTIFICATE OF COMPLIAN	CE.	OIL CONSERV	ATION COMMISSION	
SEE OF COMPANIES		1910			
	hereby certify that the rules and regulations of the Cil Conservation commission have been complied with and that the information given		By Original Signed by A. d. Appleion		
shove is true and complete to the be		e best of my knowledge and belief.	t of my knowledge and belief. By Olighian		
Jack D. Cook (Signature) Agent (T. G) August 8, 1978		174	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despend		
		viell, this form must be accompanied by a tabulation of the deviation of the deviation of the deviation.			
			All sections of the form must be filled out completely for allowable on new and recompleted walls. Fill out only Sections I, II, III, and VI for changes of owner, well name or number, to consport in or other pairs obsage of condition.		
	(b)	ne)	Separate Forms C-104 must complete well:	st be filed for each pool in multiply	
			il erminted well.		