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FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER OIL / GAS
OPERATOR
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Effective 1-1-65

B.K.

API 30-039-21991

I.

Operator: J. FELIX HICKMAN

Address: P. O. Box 12307, El Paso, Texas 79912

Reason(s) for filing (Check proper box)

New Well [X] Recompletion [ ] Change in Ownership [ ]

Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Clark	7	Lindrith Gallup-Dakota, West	State, Federal or Fee Federal	NM-03011

Location: Unit Letter O ; 330 Feet From The South Line and 2310 Feet From The East

Line of Section 6 Township 24N Range 3W , NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]: Permian Corporation

Address (Give address to which approved copy of this form is to be sent): P.O. Box 1702, Farmington, N.M. 87401

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]: El Paso Natural Gas Company

Address (Give address to which approved copy of this form is to be sent): P.O. Box 990, Farmington, N.M. 87401

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	O	6	24N	3W	No	Unknown

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

IV. 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.
2/13/79	5/6/79	7838'	7754'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
6997'K.B.	Dakota	7433'	7470'

Perforations 7433'-38', 7440'-56', 7460'-7477', 7513'-7517', 7636'-39', 7641'-47', 7649'-54'. Depth Casing Shoe 7833'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8"	270'	250
7-7/8	4-1/2"	7833'	725
	2-3/8"	7470'	

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 lift, etc.)	
5/11/79	5/15/79	Flow	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 Hours	150 psig	1000 psig	3/4"
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
	150	-0-	400 MCF

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**

RECEIVED MAY 23 1979 OIL CON. COM. DIST. 3

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

FOR: J. FELIX HICKMAN

Ewell N. Walsh, President
(Signature)
Walsh Engineering & Prod. Corp.
(Title)

5/22/79
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 23 1979, 19 _____

BY Original Signed by A. R. Kendrick

TITLE SUPERVISOR DISTRICT # 3

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 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.