

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-01-78
Format 05-01-83
Page 1REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

REC

APR 25 1985

OIL CON. DIV.
DIST. 3

I. Operator J. Felix Hickman
Address P.O. Box 208 Farmington, NM 87499

Reason(s) for filing (Check proper box)
☐ New Well
☐ Recompletion
☐ Change in Ownership
 Change in Transporter of:
☒ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
 Other (Please explain) Effective 5/1/85

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------------|--|--|---------------------------|
| Lease Name <u>Clark</u> | Well No. <u>8</u> | Pool Name, including Formation <u>Lindrith Gallup West Dakota</u> | Kind of Lease State, Federal or Fee <u>NM Federal</u> | Lease No. <u>03011</u> |
| Location Unit Letter <u>G</u> : <u>1995</u> Feet From The <u>North</u> Line and <u>630</u> Feet From The <u>West</u> Line of Section <u>6</u> Township <u>24N</u> Range <u>3W</u> , NMPM, <u>Rio Arriba</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|--|-------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Giant Refining Company</u> | Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 256 Farmington, NM 87499</u> | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Co.</u> | Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 990 Farmington, NM 87499</u> | |
| If well produces oil or liquids, give location of tanks. | Unit <u>E</u> | Sec. <u>6</u> |
| | Twp. <u>24N</u> | Rge. <u>3W</u> |
| | Is gas actually connected? <u>Yes</u> When _____ | |

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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.

Jim L. Jacobs
(Signature)
Geologist
(Title)
4/23/83
(Date)

OIL CONSERVATION DIVISION

APR 25 1985

APPROVED _____, 19

BY Original Signed by FRANK T. OLIVEZTITLE 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.

