

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
INDEX	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

Operator L. Felix Hickman

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

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/>	Condensate <input type="checkbox"/>

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

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 Federal State, Federal or Feem. <u>N. Mex.</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>24 North</u> Range <u>3 West</u> , <u>NMPM</u> , Rio Arriba 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)
<u>Permian Corporation</u>	<u>Box 1702, Farmington, N. Mex. 87401</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Co.</u>	<u>Box 990, Farmington, N. Mex. 87401</u>
If well produces oil or fluids, give location of tanks.	Is gas actually connected? When
<u>G</u> <u>6</u> <u>24N</u> <u>3W</u>	<u>yes</u>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>4-7-81</u>	Date Compl. Ready to Prod. <u>5-11-81</u>	Total Depth <u>7888</u>	P.B.T.D. <u>7808</u>					
Elevations (DT, RT, GR, etc.) <u>7108' KB</u>	Name of Producing Formation <u>Gallup-Dakota</u>	Top Oil/Gas Pay <u>6674</u>	Tubing Depth <u>7663</u>					
Perforations Kg <u>6674-80, 6690-6712, 6720-23, 6732-40, 6794-6806, 6818-26</u>			Depth Casing Shoe <u>7808</u>					
6830-40. Kd <u>7564-78, 7586-7604, 7636-40, 7720-30, 7732-42, 7754-70</u>								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>238</u>	<u>150 SX</u>
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>7881</u>	<u>750 SX</u>

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 First New Oil Run To Tanks <u>5-10-81</u>	Date of Test <u>9-13-82</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>180</u>	Casing Pressure <u>180</u>	Choke Size <u>64/64</u>
Fluid Prod. During Test	Oil-Bbls. <u>86</u>	Water-Bbls. <u>2</u>	Gas-MCF <u>140</u>

AS WELL

Fluid Prod. Test-MCF/D <u>see above</u>	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.

[Signature]
(Signature)

(Title)
9-28-82
(Date)

OIL CONSERVATION DIVISION
SEP 29 1982
APPROVED _____, 19____
By Original Signed by CHARLES GHOLSON
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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 Form C-104 must be filed for each pool in multiply completed wells.

