

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
LAND OFFICE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator J. FELIX HICKMAN

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

Reason(s) for filing (Check proper box) ☒ New Well ☐ Recombination ☐ 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 \_\_\_\_\_

## DESCRIPTION OF WELL AND LEASE

Lease Name <u>Clark</u>	Well No. <u>#9</u>	Pool Name, including Formation <u>Lindrith Gallup-Dakota West</u>	Kind of Lease <u>Federal</u> State, Federal or Foreign <u>New Mexico</u>	Lease No. <u>03011</u>
Location Unit Letter <u>M</u> ; <u>330</u> Feet From The <u>South</u> Line and <u>430</u> Feet From The <u>West</u> Line of Section <u>5</u> Township <u>24 North</u> Range <u>3 West</u> , NMPM, <u>Rio Arriba</u> County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1702, Farmington, N. Mex. 87401</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)
If well produces oil or liquids, give location of tanks. Unit <u>M</u> Sec. <u>5</u> Twp. <u>24N</u> Rge. <u>3W</u>	Is gas actually connected? <u>yes</u> When <u>Ready for First Del.</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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded <u>12-17-81</u>	Date Compl. Ready to Prod. <u>4-26-82</u>	Total Depth <u>7750</u>	P.B.T.D. <u>7681</u>					
Elevations (DA <u>7</u> , RT, GR, etc.) <u>6969' RKB</u>	Name of Producing Formation <u>Dakota-Gallup</u>	Top Oil/Gas Pay <u>6485</u>	Tubing Depth <u>6600</u>					
Perforations <u>6485-6677 (32 shots) 7412-30 (10 shots) 7438-54 (9 shots) 7522-7621</u>			Depth Casing Shoe <u>7738</u>					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 3/4"</u>	<u>8 5/8"</u>	<u>223</u>	<u>260</u>
<u>6 3/4"</u>	<u>4 1/2"</u>	<u>7738</u>	<u>910 15/16</u>
	<u>2.375</u>	<u>6600</u>	

## 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 <u>5-10-82</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>120</u>	Casing Pressure <u>120</u>	Choke Size <u>64/64</u>
Actual Prod. During Test	Oil-Bbls. <u>65</u>	Water-Bbls. <u>100</u>	Gas-MCF <u>40</u>

## GAS WELL

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

J. Felix Hickman  
(Signature)  
Agent  
(Title)

9-28-82  
(Date)

OIL CONSERVATION DIVISION  
APPROVED SEP 29 1982, 19\_\_\_\_  
BY Original Signed by CHARLES GHOLSON  
DEPUTY OIL & GAS INSPECTOR, DIST. #3  
TITLE \_\_\_\_\_

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 filled for each pool in multiply completed wells.

