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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEC 13 1983

OIL CON. DIV.
DIST. 3

Operator J. Felix Hickman	
Address P.O. Box 12307 El Paso, TX 79912	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" 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 type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Clark	Well No. 10	Pool Name, including Formation Lindrith Gallup - Dakota W.	Kind of Lease Federal State, Federal or Fee NM	Lease No. 03011
Location Unit Letter <u>D</u> : <u>900</u> Feet From The <u>N</u> Line and <u>600</u> Feet From The <u>W</u>				
Line of Section <u>5</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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1702 Farmington, NM 87499					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492 El Paso, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 5	Twp. 24N	Rge. 3W	Is gas actually connected? No	When ASAP

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9/27/83	Date Compl. Ready to Prod. 11/5/83		Total Depth 7898' 7889'		P.B.T.D. 7853			
Elevations (DF, RKB, RT, GR, etc.) 7124' RKB	Name of Producing Formation Gallup-Dakota		Top Oil/Gas Pay 6732		Tubing Depth 6750			
Perforations 7758-7762, 7792-7802, 7638-7644, 7650-7652, 7604-7626, 6732-46, 6752-6756, 6764-6766, 6782, 6792, 6850, 6856, 6864-6870					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-3/4	8-5/8		230' 223'		150 sacks			
6-3/4	4-1/2		7898' 7889'		910 sacks			
	2.375		6750'					

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)

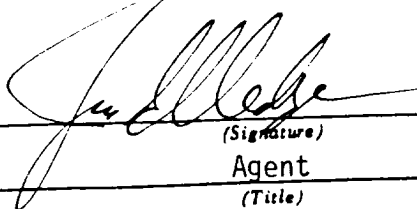
Date First New Oil Run To Tanks 11/16/83	Date of Test 12/07/83	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 210	Casing Pressure 572	Choke Size 32/64
Actual Prod. During Test	Oil - Bbls. 80	Water - Bbls. 18	Gas - MCF 180 MCF

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

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.


(Signature)
Agent

(Title)

12/08/83

(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 13 1983
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 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 filed for each pool in multiply completed wells.

