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	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator Hicks Oil & Gas, Inc.		RECEIVED MAY 10 1984 OIL CON. DIV. DIST. 3
Address P.O. Drawer 3307, Farmington, New Mexico 87499		
Reason(s) for filing (Check proper box) 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		Kind of Lease	Lease No.
Lease Name Bisti State	Well No. 1	State, Federal or Fee State	LG3734
Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660'</u> Feet From The <u>West</u> Line of Section <u>2</u> Township <u>25N</u> Range <u>13W</u> , NMPM, <u>San Juan</u> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining	P.O. Box 256, Farmington, New Mexico 87499		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 E	Sec. 2	Twp. 25N
			Rge. 13W
	Is gas actually connected?		When
	No		

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

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)		X		X					
Date Spudded 1/25/84	Date Compl. Ready to Prod. 4/7/84	Total Depth 5050'		P.B.T.D. 5000'					
Elevations (DF, RKB, RT, GR, etc.) 6265GR 6277KB	Name of Producing Formation Gallup	Top Oil/Gas Pay 4905'		Tubing Depth 4808'					
Perforations 4905 - 19' and 4940 - 52'				Depth Casing Shoe 5040'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/2	8 5/8 - 24#		222'		173 cf				
7 7/8	4 1/2" - 10.5		5040'		1309 cf				
	2 3/8		1808						

V. 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 4/7/84	Date of Test 5/4/84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 25 psi	Casing Pressure 25 psi	Choke Size NA
Actual Prod. During Test	Oil-Bbls. 12	Water-Bbls. 3.7	Gas-MCF 11

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Casing Pressure (shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)		

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.

Mike Hicks
(Signature)
President
(Title)
5-8-84
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 10 1984, 19__

BY Original Signed by FRANK T. CHAVEZ

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.