NEW MEXICO OIL CONSERVATION COMMISSION

# REQUEST FOR ALLOWABLE
AND
# AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TRANSPORTER
GAS
OPERATOR
PRORATION OFFICE

I. Operator

Hicks Oil & Gas, Inc.

Address

P.O. Drawer 3307 - Farmington, New Mexico 87499

Reason(s) for filing (Please explain)

New Well
Recompletion
Change in Ownership

Change in Transporter of:
Oil XX
Casinghead Gas
Dry Gas
Condensate

Other (Please explain)

Effective Date July 1st, 1985

If change of ownership give name and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease (State, Federal or Fee) | Lease No. |
|---|---|---|---|---|
| Bisti State Com | 1 | Bisit Gallup ~~Ext.~~ | State | E3148 LG3734 |

Location

Unit Letter M : 330 Feet From The South Line and 330' Feet From The West

Line of Section 2 Township 25N Range 13W , NMPM, San Juan County

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil XX or Condensate

Mancos Corporation

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 1320 - Farmington, New MExico 87499

Name of Authorized Transporter of Casinghead Gas or Dry Gas

Address (Give address to which approved copy of this form is to be sent)

| Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|---|---|---|---|---|
| M | 2 | 25N | 13W | No | |

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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
|---|---|---|---|
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| | | | Depth Casing Shoe |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

## 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)

OIL WELL

| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) |
|---|---|---|
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-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.

Hicks Oil & Gas, Inc.

Mike Hicks

President

RECEIVED
JUN 24 1985
OIL CON. DIV.
DIST. 3

OIL CONSERVATION COMMISSION

APPROVED JUN 27 1985

BY Frank T. Chavez

TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If a request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests of 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.