Submit 5 Cooles
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Antesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088



REQUEST FOR ALLOWABLE AND AUTHORIZATION OIL CON. DIV. TO TRANSPORT OIL AND NATURAL GAS DIST. ?

I.	T					TURAL GA		/1 \	DIST	. 3		
Operator ROBERT R. CLICK			W	Well API No. 30-045-05872								
Address SUITE 230 PECAN CR	EEK. 82	230 MEA	DOM	ROAD.	DALLAS.	TX 75231	· · · · · · · · · · · · · · · · · · ·		<u> </u>			
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator		Change in 1	 	ter of:		net (Please expla				10		
If change of operator give name and address of previous operator												
I. DESCRIPTION OF WELL	AND LEA	SE		- · · · · · · · · · · · · · · · · · · ·								
Lease Name NICKSON	Weil No. Pool Name, Includin								of Lease Lease No. Federal or Fee GD079/20			
Location												
Unit Letter D	: 830		Feet Fro	m The NO	RTH Lin	e and815		_ Feet	From The	WEST	Line	
Section 14 Township 26N Range 8W , NMPM, SAN JUAN County												
III. DESIGNATION OF TRANS	SPORTE	R OF OI	L AND) NATUI	RAL GAS							
Name of Authorized Transporter of Oil GIANT REFINING CO.		or Condens	<u> </u>	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 256, FARMINGTON, NM 87499-0256						-0256		
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX EL PASO NATURAL GAS CO.									py of this form is to be sent) TON, NM 87499-4990			
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 14	Twp. 26N	Rge 8W	Is gas actually connected? When ?							
If this production is commingled with that f IV. COMPLETION DATA	rom any othe	er iease or p	ool, give	commingli	ng order mun	iber:	-					
	· ~	Oil Well	G	as Well	New Well	Workover	Deep	en	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - (X) 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			
· · · · · · · · · · · · · · · · · · ·						· · · · · · · · · · · · · · · · · · ·						
Periorations										Depth Casing Shoe		
TUBING, CASING AND									SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SAORS GENETT			
V. TEST DATA AND REQUES OIL WELL (Test must be after re				il and must	be equal to o	r exceed top all	owable f	or this	devih or he j	iquital la	4) 17	
						Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressure				NOV1 3 1991			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.				Gas-MCF Oil Distriction			
GAS WELL										1981		
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF				Gravity of Condensate			
Tesung Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choice Size			
VI. OPERATOR 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.					OIL CONSERVATION DIVISION NOV 1 8 1991 Date Approved By SUPERVISOR DISTRICT #3							
Printed Name NOVEMBER 11, 1991 Date Title (505) 325-5866 Telephone No.					Title							
							_				25	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.