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

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-104
 Revised 1-1-89
 See instructions
 at Bottom of Page

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS

I.

Operator ROBERT R. CLICK	Well API No.
Address PECAN CREEK, SUITE 230, 8340 MEADOW ROAD, DALLAS, TX 75231	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator UNION TEXAS PETROLEUM CORPORATION, P. O. BOX 1290, FARMINGTON, NM 87499	

II. DESCRIPTION OF WELL AND LEASE

Lease Name NICKSON	Well No. 11	Pool Name, including Formation BASIN DAKOTA	Kind of Lease FED. State, Federal or Fee	Lease No. SF078430
Location Unit Letter <u>L</u> : <u>2180</u> Feet From The <u>SOUTH</u> Line and <u>1190</u> Feet From The <u>WEST</u> Line Section <u>11</u> Township <u>26N</u> Range <u>8W</u> .NMPM. SAN JUAN County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil MERIDIAN OIL, INC.	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 4289, FARMINGTON, NM 87499-4289
Name of Authorized Transporter of Casinghead Gas EL PASO NATURAL GAS CO.	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 4990, FARMINGTON, NM 87499-4990
If well produces oil or liquids, give location of tanks.	Unit <u>L</u> Sec. <u>11</u> Twp. <u>26N</u> Rge. <u>8W</u>	Is gas actually connected? <input type="checkbox"/> When ?
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			
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - bbls.

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (plug, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	

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.

Kenneth E. Roddy
 Signature
 KENNETH E. RODDY
 Printed Name
 JUNE 4, 1990
 Date

AGENT FOR
 ROBERT R. CLICK
 Title
 (505) 325-5866
 Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 4 1990

By *Bill J. Chang*
 Title SUPERVISOR DISTRICT #3

RECEIVED
 JUN 4 1990
 OIL CON. DIV.
 DIST #3

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.