Submit 5 Copies Appropriate District Office P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088



OIL CON. DIV

P.O. Drawer DD, Attenia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30-045-05924 ROBERT R. CLICK Address SUITE 230 PECAN CREEK, 8230 MEADOW ROAD, DALLAS, TX 75231 Reason(s) for Filing (Check proper box) Other (Please explain) Change in Transporter of: New Well Dry Gas Oil Recompletion Condensate Casinghead Gas Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease Well No. Pool Name, Including Formation Lease Name State, Federal or Fee BASIN DAKOTA SF078430 NICKSON Location Feet From The SOUTH Line and 1190 2180 WEST Feet From The __ Unit Letter 26N SAN JUAN 11 Township 8W County , NMPM. Section 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 or Condensate X P. O. BOX 256, FARMINGTON, NM 87499-0256 GIANT REFINING CO. or Dry Gas XX Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas P. O. BOX 4990, FARMINGTON, NM 87499-4990 EL PASO NATURAL GAS CO. When? Rge. Is gas acrually connected? Sec If well produces oil or liquids, Unit Twp. 8W 11 26N If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Diff Res'v Gas Weil New Well Workover Deepen Plug Back Same Res v Oil Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Spudded Date Compi. Ready to Prod. Top Oil/Gas Pay Elevations (DF. RKB. RT. GR. etc.) Name of Producing Formation Tubing Depth Depth Casing Shoe Perrorations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET 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 departer by forgail Thours.)

Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) OIL WELL Date First New Oil Run To Tank Choke Size OV 1 3 1991 Casing Pressure **Tubing Pressure** Length of Test Water - Bbis. Oil - Bbls. Actual Prod. During Test (3)331. ਪ **GAS WELL** Bbls. Concensate/MMCF Actual Prod. Test - MCF/D Length of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Tesung Method (puot. back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above NOV 1 8 1991 is true and complete to the best of my knowledge and belief. Date Approved _ 3-1). d laneth

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

AGÉNT FOR ROBERT R

Signature KENNETH E. RODDY,

Printed Name NOVEMBER 11, 1991

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

By_

Title

SUPERVISOR DISTRICT 13

- 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.

CLICK

Title (505) 325-5866

Telephone No.

Separate Form C-104 must be filed for each pool in multiply completed wells.