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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: EL PASO PRODUCTS COMPANY

Address: Post Office Box 1565, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box): Effective Date 11-1-67

New Well | Change in Transporter of: Oil | Dry Gas | Change in Name From Hickman A No. 3 to Hickman A No. 3

Recompletion | Casinghead Gas | Condensate

Change of Ownership | Effective Date 11-1-67

If change of ownership give name and address of previous owner: Gallegos Gallup Sand Unit, Skelly Oil Company, Operator, P.O. Box 730, Farmington, New Mexico

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Hickman A	3	Gallegos Gallup Pool	State, Federal or Fee Fee	SF-078384-A

Location: Unit Letter F, 2310 Feet From The North Line and 1980 Feet From The West

Line of Section 3, Township 26 North, Range 12 West, N.M.P.M., San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation (or Condensate)	Post Office Box 8119, Fort Worth, Texas
Name of Authorized Transporter of Casinghead Gas (or Dry Gas)	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	Post Office Box 990, Farmington, New Mexico

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	3	26N	12W	Yes	1-9-60

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

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

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

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.

(Title)

November 6, 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 9 1967

BY Original Signed by Emery C. Arnold
SUPERVISOR DIST. #3

TITLE

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 for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, or transporter of oil or natural gas.

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