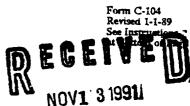
Submit 5 Copies Appropriate District Office P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088



Santa Fe, New Mexico 87504-2088 NOV1 3 1991 DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 OIL CON. DIV. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS 30-045-11557 Operator 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 Recompletion Oil Condensate Change in Operator Caringhead Gas If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation Kind of Lease Lease No. NEWSOM "B" State, Federal or Fee BASIN DAKŌTA 10 SF078384 Location 1850 Feet From The NORTH Line and 1850 Feet From The EAST Unit Letter ___ 26N 8 Township Range 8W , NMPM. SAN JUAN III. 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) or Condensate X P. O. BOX 256, FARMINGTON, NM 87499-0256 GIANT REFINING CO. Name of Authorized Transporter of Casinghead Gas or Dry Gas XX Address (Give address to which approved copy of this form is to be sent) EL PASO NATURAL GAS CO. P. O. BOX 4990, FARMINGTON, NM 87499-4990 If well produces oil or liquids, give location of tanks. Is gas actually connected? Unit Two When? Sec 26N 8 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well | Workover | Deepen | Plug Back | Same Res'v Diff Res'v Designate Type of Completion - (X) Total Deput Date Compt. Ready to Prod. P.B.T.D. Date Spurided Top Oil/Gas Pay Name of Producing Formation Elevations (DF. RKB, RT. GR. etc.) Tubing Depth Depth Casing Shoe Pertorations 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 dept OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Length of Test Casing Pressure **Tubing Pressure** NOVI 8 1991 Water - Bbis Oil - Bbls. Actual Prod. During Test DIL CON. DIV. pisi, 3 **GAS WELL** Actual Prod. Test - MCF/D Bbls. Concensate/MMCF Gravity of Condensate Length of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Tesung Method (pitos, 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 Ofmet By_ Signature KENNETH E <u>AGENT FOR ROBERT</u> RODDY R CLTCK SUPERVISOR DISTRICT #3 Title (505) 325-5866 Printed Name NOVEMBER 11, 1991 Title_ Telephone No.

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

Date

- 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.