Submit 5 Copies
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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

[.	T	O TRA	NSPO	ORT OIL	AND NA	TURAL GA					
Operator	T TOV						Well A				
ROBERT R. CLICK	30-045-20186										
Address SUITE 230 PECAN CREEK	. 8340	MEADO	w ROA	AD. DAL	LAS, TX	75231					
Reason(s) for Filing (Check proper box)	,					π (Please expla	iún)			_	
New Well	(Change in	Transpo	nter of:	· 						
Recompletion	Oil		Dry Ga							ļ	
Change in Operator	Casinghead	Gas 🗌	Conden	sate X							
If change of operator give name and address of previous operator	JTHERN U	INION	EXPL	ORATION	CO.						
•	AND FEA	CT?									
IL DESCRIPTION OF WELL A			Bool No	rme Includi	ng Formation		Kind c	of Lease	I a	ase No.	
Lease Name HODGES	15 BASIN DAK							e, Federal or Fee SF078432			
Location					··			 			
В	790 Feet From The NORTH Line and 1850 Feet From The Line										
VIII. 1											
Section 27 Township		Range	W8	, N	, NMPM, SAN			JUAN County			
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil		or Conden		D NATUI	Address (Giv	e address to wh	ich annemed	come of this f	orm is to be se	nt l	
MERIDIAN OIL INC.	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 4289, FARMINGTON, NM 87499										
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 CO.					P. O. BOX 4990, FA						
If well produces oil or liquids,		Sec.	Twp.	Rge.				hen ?			
give location of tanks.	В	27	28N	<u> </u>	YE						
If this production is commingled with that f	rom any othe	r lease or p	pool, giv	e comming!	ing order num	ber:					
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	· (X)	lou wen	,	J45 WCII	New well	WOILOVEI	Deepen	l ling pack		l l	
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 Casir	ig anoe		
		IDING	CASI	NG AND	CEMENITI	NC PECOP	D	1			
UOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT			
HOLL SIZE	HOLE SIZE SAGING & FORMS GIZE										
					<u> </u>						
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE	-7	h		amabla for thi	a denth or he	for full 24 hou	ze)	
OIL WELL (Test must be after re			of toda	ou ana musi	Producing M	ethod (Flow, pi	umn, eas lift, i	etc.)	jor just 2+ 1102		
Date First New Oil Run To Tank Date of Test						(1 to) p.	, 6,-,	es I	0 E	WET	
Length of Test	Tubing Pres	sure			Casing Pressure			CHO Size U Sa C U Sa []			
	"										
ctual Prod. During Test Oil - Bbls.					Water - Bbls	•		Gas MCF	JUL18	1991	
	<u> </u>								CON		
GAS WELL								<u> </u>	[CON	. 5.	
Actual Prod. Test - MCF/D Length of Test						ISELE/MMCF	a in god south de	Gravity of	्रकाराः	, i3	
Tubing Denomin (Short in)						ure (Shut-in)		Choke Size			
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)						are (one-inf					
TO CONTROL OF CONTROL	ATTE OF	COLAT	T T A N	ICE	<u> </u>					i	
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											
is true and complete to the best of my knowledge and belief.					Date Approved						
1/ 4 - 1/1/						pp. 0 10		Λ	مـــــــــــــــــــــــــــــــــــــ		
Kenneth E. Kodly					Bv_	By Bin) Chan					
Signature KENNETH E. RODDY, AGENT FOR ROBERT R. CLICK					SUPERVISOR DISTRICT 13						
Printed Name Title					Title		SUPERVI	SOH DIS	INICI F	J	
JULY 17, 1991					'""						
Date		Tele	ephone i	NO.	11						

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.