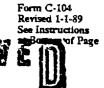
## Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Anteria, 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





DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410								IVI 319	911	•
,	REQUI	C TRANS	ALLOY PORT	. OII MARI	LE AND A	NUTHORIZ TURAL GA	s Oil	CON.	DIV.I	
Operator		O IT IMITE	<u>J. 11</u>	<u> </u>			Weil A	<b>PIST. 3</b>	2105	
ROBERT R. CLICK								30-045-Z	0186	
SUITE 230 PECAN CI	REEK, 82	230 MEAD	OW ROA	AD, D	ALLAS,	TX 75231				
Reason(s) for Filing (Check proper box)		Channe in Tor		a	Othe	t (Please expia	in)			
New Well  Recompletion	Oil	Change in Trai	A Gas							
Change in Operator	Casinghead		ndensate	X						
f change of operator give name	· · ·									
and address of previous operator	AND FYSA	CT.	····	-		····				
I. DESCRIPTION OF WELL Lease Name	Well No.   Pool Name, Including Formation						Kind o	Kind of Lease Lease No.		
HODGES	15 BASIN DAK				OTA			Federal or Fee SF078432		432
Location	_				0.00011	105	•			
Unit LetterB	_ :7	90 Fe	et From T	he <u>N</u>	ORTH Line	and1850	<u>)                                    </u>	ex From The _	EAST	Line
Section 27 Townshi	26N_	Ra	nge	8W	, NI	MPM, SA	AN JUAN		<del></del>	County
III. DESIGNATION OF TRAN	SPORTE			ATUR	AL GAS					
Name of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent) P. O. BOX 256, FARMINGTON, NM 87499-0256					
GIANT REFINING CO.  ame of Authorized Transporter of Casinghead Gas or Dry Gas AA					Address (Give address to which approved copy of this form is to be sent)					
EL PASO NATURAL GAS	EL PASO NATURAL GAS CO.				P. O.	BOX 4990				
If well produces oil or liquids, give location of tanks.	Unit B	Sec.   Tw	/p.   26N	Rge. 8W	Is gas actuail	y connected?	When	?		
If this production is commingled with that	from any other	er lease or poo	i, give cor	nmingiii	ng order numi	per:				
IV. COMPLETION DATA		Oil Well	Gas V	V-11 (	New Well	Workover	Deepen	Plug Rack	Same Res'v	Diff Res'v
Designate Type of Completion	- (X)	IOU MEIT	, GAS V	-en	TABM METT	OILUVET				<u></u>
Date Spuided	Date Comp	i. Ready to Pro	od.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tuhing Depth		
Antonio (174 ) (1820) (114 - 114 - 114)										
Репогацов								Depth Casin	ig Shoe	
	т	UBING. C	ASING	AND (	CEMENTI	NG RECOR	D	<u> </u>		
HOLE SIZE					DEPTH SET				SACKS CEM	ENT
								<u> </u>		
										<del></del>
V. TEST DATA AND REQUE	ST FOR A	LLOWAB	LE		h!		aughla fan ski	e depois	A Tulk Marie	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Te		oad oil ar	us must	Producing M	exceed top and ethod (Flow, pr	ump, gas lift,	uc.)	The World	1
Man 1 1129 4 In to City Spann & V 4 Prints	12000 VI 1000							1000		
Length of Test	Tubing Pressure			Casing Pressure			Choke Size	NOAT	, 33 <b>1</b>	
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MQF	IL CO	N. GIV	
									DIS	
GAS WELL										·
Actual Prod. Test - MCF/D	Length of	Length of Test				nsate/MMCF		Gravity of	Consensate	•
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
specific stransfer (humas manus la A								<u> </u>		
VI. OPERATOR CERTIFIC				€				ΔΤΙΩΝΙ	DIVISIO	NC
I hereby certify that the rules and regu Division have been compiled with and	izions of the	Oil Conservat	ion above		'	OIL CON	√∪⊑∩ ∨ 	<b>100</b> 1 8	1991	-··
Division have been complied with and is true and complete to the best of my	knowledge a	nd beijef.	<b></b> 76		11	e Approve				
1/2 h	PI	//				· . hh.ose		s a	ham!	
Menett E. Kolky					By SUPERVISOR DISTRICT 13					
Signature KENNETH E. RODDY, A	GENT FO			LICK	11		SUPER	IVISOR D	ISTRICT	73
Printed Name NOVEMBER 11, 1991		(505)	ัน <b>ะ</b> 325 <del>-</del> 5	866	Title	·				<u></u>
Data			one No.		ii					

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.