NO DECOMIES REC			4
SANTA FE			
PILE		7	
U.\$.G.\$.			
LAND OFFICE			
IRANGMORTER	OIL		
	GAS	7	
OPERATOR		1	
PRORATION OFFICE			
Grerator			

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

U.S.G.S.  LAND OFFICE  IRANOPORTER OIL	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL O	GAS		
OIL					
GAS			20 0 1/1 2 2 1/10	_	
OPÉRATOR /		30-045-23592			
PRORATION OFFICE					
Operator				~	
J. Gregory Merrion & Rob	pert L. Bayless				
Address	on. NM 87401				
P.O. Box 1541, Farmington Reason(s) for filing (Check proper box)	ON, NM 67401	Other (Please explain)			
New We!1	Change in Transporter of:				
Recompletion	OII Dry Gas				
Change in Ownership	Casinghead Gas Condens	ale			
f change of ownership give name nd address of previous owner					
DESCRIPTION OF WELL AND L	EASE				
Lease Name	Well No. Fool Name It coding For			Lease No.	
Hickman	7 Wildcat-Fruitl	and Lift State, Federa	or Fee Federal	SF-08038	
Location	<u>.</u>				
Unit Letter A + : 550	Feet From The North Line	and 790 Feet From	The East		
3	nship 26N Range	12W , NMPM, San	ı Juan	County	
Line of Section 3 Town	nship 26N Range	12W , INVIEWS, SAI	I duan		
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	5			
Name of Authorized Transporter of CII	or Condensate	Address (Give address to which appro	ved copy of this form is to	be sent)	
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ha and	
Name of Authorized Transporter of Casi	nghead Gas 🔲 - er Dry Gas 🏋 -	Address (Give address to which appro		be sent)	
El Paso Natural Gas Co.	Unit Sec. Twp. Rge.	P.O. Box 990, Farmingt 1s gas actually connected? Wh		<del></del>	
If well produces oil or liquids, give location of tanks.	ont sec. This is		'As soon as Possible.		
	n that from any other lease or pool, g	ive Commingling order number.			
COMPLETION DATA	0.1	New Well Workover Deepen	Plug Back   Same Res	v. Diff. Res'v	
Designate Type of Completion	$\mathbf{x} = (\mathbf{x})$	X			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
03-14-80	03-27-80	1194' KB	none Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Fruitland	Top Oil/Gas Pay 950 *	821'		
5883' GL	FIUICIANG	930	Depth Casing Shoe		
Perforations none - open hole comple	tion		none		
	TUBING, CASING, AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
9-3/4"	7"	981	50 Class B		
6-3/4"	4-1/2"	821'	75 Econofil & 50 Neat		
-	2-3/8"	821'	<u> </u>		
			<u> </u>		
TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be of oble for this det	ier recovery of total volume of load oil oth or be for full 24 hours)	and must be equal to or e.	cceed top allow	
OII, WEI L Date First New Oil Bun To Tanks	Date of Test	Producing Method (Flow, pump, gas l.	ift, etc.)		
Edit First New Cir. Mail 10 Talle			<u> </u>	100	
Length of Test	Tubing Pressure	Casing Fressure	Choke Size	46	
Actual Prod. During Test	Cil-Bbla.	Water - Bbls.	Gas-MCF		
				<del></del>	
				an is A	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
140	24 hrs.	0		mas es de la company	
Testing Method (pirot, back pr.)	Tubing Pressure (Shut-in) .	Casing Pressure (Shut-in)	Choke Size		
Back Pressure	350 PSIG		1/2"		
CERTIFICATE OF COMPLIANC	CE	OIL CONSERV	ATION COMMISSION	٧	
OBILITIES OF COME STATE		APPROVED APR 2	1 1980	10	
I hereby certify that the rules and re	egulations of the Oil Conservation	APPROVED 71 1	3 1000	19	
G b been complied W	ith and that the information given i	BYOriginal Signed by FRANK T. CHAVEZ			
above is true and complete to the best of my knowledge and belief.		TITLE SUPERVISOR DISTRICT # 3			
		4			
1/alan	177. 1.	This form is to be filed in	compliance with RULE	1104.	
10011	1 / sy/m	If this is a request for allo well, this form must be accomp	anied by a labulation o	I füt Chaireire	
(Signa	two)	well, this form must be accomp tests taken on the well in acco	ordence with MULE 111		

04-04-80

(Date)

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

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