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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

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

## OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd. Aztec. NM 87410

200 144 Homes and 2 200 9 2 11/2 41 72						AUTHORIZ					
perator								Veil API No.			
ROBERT R. CLICK	<del></del>			<del></del>			30-	045-24327			
Address SUITE 230 PECAN CRE	EK, 8340 M	EADOW	ROA	AD, DAL	LAS, TX	75231					
Reason(s) for Filing (Check proper box	)					x (Please expia	un)				
New Well Recompletion	Oil Ch	ange in Tra	erspor Gar								
Change in Operator	Casinghead G	_	ondens	_							
change of operator give name	OUTHERN UN	ION E	XPLO	ORATION	COMPAN	Y					
I. DESCRIPTION OF WEL	L AND LEASI	 E.									
Lease Name	W	Weil No. Pool Name, Including									
HODGES		.6 1	BALI	LARD PI	CTURED	CLIFFS	State	rederal or res	SF0/	8432	
Location Unit LetterL	. 1715	₽.	E	Th	OUTH T:-	e and	5 E.	et From TheW	EST	Line	
Unit Letter	:	^	sa rr	An Ine	1410	E 2001	ro	st From the			
Section 21 Town	ship 26N	R	ange	8W	, N	MPM,	SAN JU	AN		County	
II. DESIGNATION OF TRA	NSPORTER	OF OIL	ANI	D NATU	RAL GAS						
Name of Authorized Transporter of Oil		Condensat				e address to wi	hich approved	copy of this form	is to be se	nt)	
Name of Authorized Transporter of Ca	singhead Gas	Or	r Dry (	Gas XX	Address (Giv	e adáress ta wi	hich approved	copy of this form	is to be se	nt)	
GAS COMPANY OF NEW MEXICO			,		P. O. BOX 1899, BLOOMF						
If well produces oil or liquids, jve location of tanks.	Unit Se	c T	Twp. Rge.		Is gas actually connected? Wh			?			
f this production is commingled with the	at from any other i	ease or po	ol. giv	e commingi	YES						
V. COMPLETION DATA						.,					
Designate Type of Completion		Dil Well	0	Gas Well	New Well	Workover	Deepen	Plug Back   Sa	rne Res'v	Diff Res'v	
Date Spudded	Date Compi. I	Ready to P	rod		Total Depth	<u>!</u>		P.B.T.D.	_		
•					7 0140						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	ray		Tubing Depth			
Periorations					<del></del>			Depth Casing S	ihoe		
		DDIG G	L CD	VG 4375	CEN CENTER	NG DECOF	ND.				
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					CEMENTI	DEPTH SET		SACKS CEMENT			
NOCE SIZE SHOWS I											
						<del></del> -					
V. TEST DATA AND REQU	EST FOR AL	LOWAL	BLE		<del>.!</del>	·				\	
OIL WELL (Test must be aft Date First New Oil Run To Tank	er recovery of total	volume of	load (	oil and mus		r exceed top all lethod (Flow, p			juli 24 nou	75.)	
Date First New Oil Kill 10 1211	Date of 1est										
Length of Test	of Test. Tubing Pressure				Casing Press	stre		DE		ME	
ctual Prod. During Test Oil - Bbls.				·	Water - Bbl	£		IIII 2 4 1991.			
				· ·	1			للالل	241	1 <b>3</b> 11	
GAS WELL Actual Prod. Test - MCF/D	Length of Te	st			Bbls. Conde	meate/MMCF		Graup bl.co		-DIV.	
Chicago & Street & Cope - State & Fast								DIST. 3			
Testing Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)					
VI. OPERATOR CERTIF	TCATE OF (	COMP	JAN	NCE	1					<b>3</b> N I	
I hereby certify that the rules and r	egulations of the O	il Conserva	ation			OIL CO	NSERV	ATION D	1001	אוכ	
Division have been complied with is true and complete to the best of	and that the inform	ation giver	abov	<b>'e</b>			1	JUL 2 4	1991		
18 II THE AND CONTINUES TO THE OCS. OF					Dat	e Approv		` ~/	9	,	
Sameth E.	Koldy				By.		3	ر المر <u>اد المراد</u>	- Jane		
Signature KENNETH E. RODDY,	AGENT FOR	ROBERT	CR.	CLICK		<del></del>	SUPE	RVISOR DI	STRIC	r #3	
Printed Name	/		Title		Title	e					
JULY 23, 1991		(3U3)	325	5-5866 No							

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.