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DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

DECEIVE

Form C-104 Revised 1-1-89

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

ISTRICT III XXX Rio Brazos Rd., Azzec, NM 87410	REQU			ALLOWABI			ZATION		3 19911		
TO TRANSPORT OIL AND NATURAL GAS								Well APINI CON. DIV.			
ROBERT R. CLICK							30	-045- 29 1	5B. 3		
Address SUITE 230 PECAN CR	EEK, 8	230 ME	ADO	w ROAD, I	ALLAS,	TX 75231	L				
Reason(s) for Filing (Check proper box)			T		Othe	x (Please expir	ain)				
New Well Recompletion	Oil	Change in	Dry	• —							
Change in Operator	Casinghea	d Gas 🔲		iensate 🗓							
f change of operator give name nd address of previous operator					·						
I. DESCRIPTION OF WELL	AND LE	ASE	,						7 -	No	
Lease Name NICKSON	Well No. Pool Name, Included 11E BASIN DA		Name, Includin BASIN DAK	_		1	Kind of Lease State, Federal or Fee		Lease No. SF078430		
Location		1111	1	DAOIN DIN	0111				1 0107	0.130	
Unit LetterC	: 810)	_ Feet	From The NO	RTH Line	and17	70 Fe	et From The _	WEST	Line	
Section 11 Township	261	1	Ran	ge 8W	, NR	MPM, SA	N JUAN		·	County	
II. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND NATU	RAL GAS						
me of Authorized Transporter of Oil or Condensate X GIANT REFINING CO.					Address (Give address to which approved copy of this form is to be sent) P. O. BOX 256, FARMINGTON, NM 87499-0256 Address (Give address to which approved copy of this form is to be sent)						
	Time of Authorized Transporter of Casinghead Gas or Dry Gas AA EL PASO NATURAL GAS CO.							i copy of this for IGTON, NM			
If well produces oil or liquids, give location of tanks.	Unit C	Sec.	Tw	26N 8W	is gas actuail	y connected?	When	?			
If this production is commingled with that IV. COMPLETION DATA	from any or	her lease of	r pool,	give comming	ng order num	ber:					
Designate Type of Completion	- (X)	Oil Wel	Ц	Gas Well	New Weil	Workover	Deepen	Piug Back	Same Res'v	Diff Res'v	
Date Spudded		ipi. Ready i	to Pro	1	Total Deput			P.B.T.D.			
N. G. Davis de Francis					Top Oil/Gas	Pay		Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation											
Репогацов								Depth Casing	g Shoe		
		TUBING	. CA	SING AND	CEMENTI	NG RECO	RD				
HOLE SIZE						DEPTH SE		<u> </u>	ACKS CEM	ENT	
									·		
	cm ron	111011	7 A D)	Œ	<u> </u>			1			
V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR	ALLUN total volum	e of la	uit. vad oil and musi	be equal to o	r exceed top a	Howable for th	is depth or be j	for full 24 hou	ers.)	
Date First New Oil Run To Tank	Date of Test				Producing M	Method (Flow,	pwnp, gas lift.	esc.)	ege		
Length of Test	h of Test Tubing Pressure				Casing Press	sure		Chole Size		1 - 51	
Actual Prod. During Test	Oil - Bbl	Oil - Bbls.				Water - Bbis.			Gas-MCF NOV1 1 1991		
									H. CO	P	
GAS WELL Actual Prod. Test - MCF/D	Length	y Test		 _	Bbls. Conde	ensate/MMCF	· · · · · · · · · · · · · · · · · · ·	Gravity of	oncensie	+	
Actual Flore Fore Princes								Chara Siza	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Cloke Size			
VI. OPERATOR CERTIFIC	CATE C	F COM	PL.	ANCE			MICERI	/ATION	DIVISI	ON	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						OIL CONSERVATION DIVISION NOV 1 8 1991					
Division have been complied with an is true and complete to the best of my	v kragwiedge	c and belief.	given :	IDO46	Dat	te Approv	ved .	140 4 1 9	1551		
1/		/						1) 0) /		
Kennetto E. Kelly						By SUPERVISOR DISTRICT #3					
KENNETH E. RODDY, AGENT FOR ROBERT R. CLICK							SUPE	AVISUR D	SIRICT	# 3 	
NOVEMBER 11, 1991				325-5866	Title	·					
Date		1	ctebp	one 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.