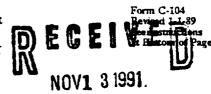
Appropriate District Office
DISTRICT I DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Antesia, 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., Azzec, NM 87410	REQU	JEST FO	OR AL	LOWAE	BLE AND	AUTHORIZ	ZATIO	L CON	I. DIV	•	
•		TO TRA	NSP	ORT OIL	AND NA	TURAL GA	15	DISi.	3		
Operator P CL TCV							Weil API No. 30-045-24723				
ROBERT R. CLICK							<u> </u>				
SUITE 230 PECAN (CREEK, 8	230 ME	ADOW	ROAD,							
Reason(s) for Filing (Check proper box)		Change in	Transcoo	eter of	U Oth	er (Please expla	ún)				
New Well Recompletion	Oil		Dry Ga								
Change in Operator	Casinghe	ed Gas 🔲	Conden	-							
f change of operator give name nd address of previous operator											
L DESCRIPTION OF WELL	AND LE	ASE								<u>.</u>	
Lease Name HODGES		Well No. Pool Name, Includin 8-E BASIN DAKO				State II			F Lease No. SF078432		
Location			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	321. 3111							
Unit Letter D	<u>. 93</u>	10	Feet Fr	om The _N	ORTH Lin	e and104	0 Fe	ex From The _	WEST	Line	
Section 21 Towns	hip 261		Range	_8₩	<u>, N</u>	MPM. SAN	JUAN			County	
II. DESIGNATION OF TRA	NSPORTE			D 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					
Name of Authorized Transporter of Casi	ter of Casinghead Gas or Dry Gas				1	Address (Give address to which approved copy of					
EL PASO NATURAL GAS	co.			P. O.	BOX 4990	, FARMII	NGTON, N				
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 21	261	N Rge.	is gas बट्यायां	ly connected?	When	7			
f this production is commingled with the V. COMPLETION DATA	t from any or	her lease or	pool, giv	ve comming	ling order num	iber:					
Designate Type of Completion	n - (X)	Oil Wel	1 (Gas Well	New Well	Workover	Deepen	Plug Back	Same Resiv	Diff Res'v	
Date Spudded		ipi. Rezdy t	o Prod.	-	Total Depun	<u></u>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Cas	Pay		Tubing Dept	n		
Periorauons									Depth Casing Shoe		
		TUBING, CASING AND C				CEMENTING RECORD DEPTH SET			SACKS CEMENT		
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEFINSE!			OAONO GENERAL			
	_										
				<u></u>				<u> </u>		<u>-</u>	
C. MICH DATE AND DEOLU	FET FOR	ALLOW	ARIE					1			
V. TEST DATA AND REQUI OIL WELL (Test must be after	r recovery of	ALLOW Lotal volume	ABLE of load	oil and mus	t be equal to o	r exceed top all	owable for thi	s design by	orial at ha	ps V	
Date First New Oil Run To Tank		Date of Test				lethod (Flow, p	ump, gas lift,	uc.)	(P %)	V	
Length of Test	Tubing P	Tubing Pressure				stre		Cather Siz NOV1 3 1991.			
Actual Prod. During Test	Oil - Bbl	Oil - Bbls.				Water - Bbis.			CONTRACTOR		
	<u> </u>							.!	- 13 21.	. 0	
GAS WELL Actual Prod. Test - MCF/D	Length o	Length of Test				Bbls. Concensate/MMCF			ondensate	<u> </u>	
								Choke Size			
Tesung Method (pitot, back pr.)	Tubing P	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				· · · · · · · · · · · · · · · · · · ·	
VI. OPERATOR CERTIF	CATE O	F COM	PLIA	NCE			NCEDV	ATION		ON	
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION NOV 1 8 1991					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Dot	Date Approved					
					Dat	e Approve		o d) /		
Signature KENNETH E. RODDY, AGENT FOR ROBERT R. CLICK					- 11	By SUPERVISOR DISTRICT #3					
Printed Name NOVEMBER 11, 1991	AGENT M		Title	5-5866	Title	e					
Date			elephone				. **			•	

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.