

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-114
Supersedes Old C-104 and C-105
Effective 1-1-83

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATOR	
PRODUCTION OFFICE	

I. Operator: Hicks Oil & Gas, Inc.
Address: P.O. Drawer 3307 - Farmington, New Mexico 87499
Reason(s) for filing (check proper box):
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain): Effective Date July 1st, 1985
If change of ownership give name and address of previous owner: _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name: Southeast Cha Cha Unit Well No.: 32 Pool Name, including Formation: Cha Cha Gallup Kind of Lease: State, Federal or Fee Lease No.: Federal NM 09979
Location: D 790 Feet From The North Line and 790 Feet From The West Line of Section 22 Township 28N Range 13W NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Marcos Corporation
Address (Give address to which approved copy of this form is to be sent): P.O. Box 1320 - Farmington, New Mexico 87499
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
Address (Give address to which approved copy of this form is to be sent): _____
If well produces gas or condensate, give location of separator: _____ Is gas actually connected? _____ When: _____

IV. COMPLETION DATA
Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same as Prev. ☐ Drill, Re-drill
Date Spudded: _____ Date Comp. Ready to Prod.: _____ Total Depth: _____ P.B.T.D.: _____
Diameter of B.P. or Casing: _____ Name of Producing Formation: _____ Top Oil/Gas Pay: _____ Tubing Depth: _____
Perforations: _____ Depth Casing Shoe: _____

TUBING, CASING, AND CEMENTING RECORD
Casing: _____ Casing & Tubing Size: _____ Depth Set: _____ Sacks Cement: _____

TEST DATA FOR ALLOWABLE
Test must be done recovery of total volume of load oil and must be equal to or exceed test rate for this depth or be for full 24 hours.
Producing Method: _____ Casing Pressure: _____ Choke Size: _____
Flowing Pressure: _____ Casing Pressure: _____ Choke Size: _____
Test Rate: _____ Water-Boil: _____
GAS WELL
Relative Condensate Viscosity: _____ Gravity of Condensate: _____
Casing Pressure (3000-120): _____ Choke Size: _____

V. CERTIFICATION AND APPROVAL
I, Hicks Oil & Gas, Inc., certify that the facts and information of the Oil Conservation Commission have been furnished and that the information given is true and correct to the best of my knowledge and belief.

President
OIL CONSERVATION COMMISSION
APPROVED: JUN 24 1985
BY: Frank J. Davis
TITLE: SUPERVISOR DISTRICT 3
This form is to be filed in compliance with RULE 1104.
When a request for allowable for a newly drilled or deepened well is made, it must be accompanied by a tabulation of the deviation log taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allow-
able and recompleted wells.
Sections I, II, III, and VI for changes of owner, lease, unit, or transporter or other such change of condition require Form C-114 must be filed for each pool in multiple copies.