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	SANTA FE	17				NE	V ME
	FILE	1/					
	U.S.G.S.				AUTH	OR17	Δ T I(
	LAND OFFICE				A0111		` ' ' '
	TRANSPORTER OIL	1					
	GAS OPERATOR	12					
1.	PRORATION OFFICE	+-	-				
1.	Operator	<u>,</u>	1	L			
	Hicks Enco 🕹	ne					
	Address						
	2313 Santiago,				n, Ne	w Me	xic
	Reason(s) for filing (Check	proper	box)		~	<b>T</b>	<b>.</b>
					Change i Dil	n iran	s port
	Recompletion Change in Ownership X				Jii Casinghe	ad Car	. 누
	Cuande to OwnersutBITY			·	Justnyne	da Gas	,
	If change of ownership given and address of previous of	ve nar wner	ne Su	bur	ban P	ropa	ne_
H.	DESCRIPTION OF WEI	LLA	ND I	EAS	F		
	Lease Name			Į.	Well No.		
	Southeast Cha	Cha	Uni	. t	#15	Ga	<u>11u</u>
	Location	1.0	200				<b>3</b> T
	Unit Letter F	- ; 13	380		Feet Fr	om The	101
	Line of Section 17		Tow	nahip	2 <b>8</b> N	orth	
III.	DESIGNATION OF TRA	ANSP	ORT	ER			
	Name of Authorized Transport	orter o	4 C11	رحج	or (	Condens	sate
	Plateau, Inc.		1 000	(nahea	d Car E		· Dry
	Name of Authorized Franspi	one: o	1 (.15	manaa	id Ode [		,
				Unit	Ser		Twp
	If well produces oil or liqui give location of tanks.	as,				<u> </u>	
IV.	If this production is comm COMPLETION DATA	ingle	d wit	h that			
	Designate Type of (	Comp	letio	n – (		Oil Wel	1
	Date Spudded	<u> </u>			Compl.	Ready	to Pr
				1			
	Elevations (DF, RKB, RT,	GR, et	c.,	Name	of Prod	ucing l	orm
	Perforations						
						TUBIN	iG, C
	HOLE SIZE				CASIN	3 & T	JBIN
				ļ			
				<u> </u>			
	L						
V.	TEST DATA AND REQ	{UES	T FC	OR A	LLOWA	BLE	(7 a
	Date First New Cil Run To	Tank	)	Date	of Test		
				7	ng D====		
	Length of Test			Lubi	ng Press		

## EXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

ON TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

	OPERATOR Z										
I.	PRORATION OFFICE Operator										
	Hicks Enco Inc										
	Address 2313 Santiago, Farmi	ngton. New Mexic	:0								
	Reason(s) for filing (Check proper box)  Other (Please explain)										
	New We!! Change in Transporter of:  Recompletion Dry Gas										
	Change in Ownership X	Casinghead Gas	Conder	<b>=</b> 1							
	If change of ownership give name and address of previous ownerS	Suburban Propane	Gas Corp	., Box 1	7689, S	an Anton	io, Texas	. 7821	7		
11.	DESCRIPTION OF WELL AND	LEASE							<del></del>		
	Southeast Cha Cha Un	Weil No. Pool Name	e, Including Fo ip Cha Ch			Kind of Leas State, Federa		SF	07797		
	Location Unit Letter F , 1980				i0	_ Feet 7 rom	The West		-1		
	Line of Section 17 To	wmship 28 North	Range 13	West	, NMPM,	San	Juan	· · · · · · · · · · · · · · · · · · ·	Co	ounty	
III.	DESIGNATION OF TRANSPOR		TURAL GA	s							
	Name of Authorized Transporter of Ci	or Condensαte					ved copy of th			)	
	Plateau, Inc.  Name of Authorized Transporter of Casinghead Gas or Dry Gas				Box 108, Farmington, New Mexico, 87401 Address (Give address to which approved copy of this form is to be sent)						
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp	. Ege.	Is gas actually connected? When							
IV.	If this production is commingled win COMPLETION DATA	ith that from any other le	ase or pool,	give commin	ngling order	number:	Flug Back	Same Res	s'v. TDiff.	Res'v	
	Designate Type of Completi		1	1	1 1	I I	 	i ! !	! !		
	Date Spudded	Date Compl. Ready to Pr	od.	Total Depth	1		P.B.T.D.				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Form	ation	Top Oll/Ga	s Pay		Tubing Dep	ih			
	Perforations			· · · · · · · · · · · · · · · · · · ·			Depth Casir	ig Shoe	-		
	TUBING, CASING, AND CEMENTING RECORD										
	HOLE SIZE	CASING & TUBIN	NG SIZE		DEPTH SE	т	S.A	CKS CEN	AENT		
			<del></del>				<del> </del>				
										<del></del>	
	TOOM DAMA AND DECLIFET E	COD ALLOWARIE (7	Cast must be a	fran racousty	of total value	ne of land oil	and must be e	aual to or	exceed to:	o allo	
٧.	OIL WELL	TEST DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours)  Date Fire New Cil Bun To Tanks   Date of Test   Producing Method (Flow, pump, gas lift, etc.)									
	Date First New Cil Run To Tanks	Date of Test	te of Test			Producing Method (1 tow, pamp, gos 19)					
	Length of Test	Tubing Pressure		Casing Pre	ssure		Choke Size		= .		
	Actual Prod. During Test	Oil-Bbls.		Water - Bble	i.		Gas - MCF			$\frac{1}{\sqrt{1}}$	
										-	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test		Bbls. Cond	ensate/MMCF	-	Gravity of C	Condensate	1		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-	·in )	Casing Pre	seure (Shut-	-in)	Choke Size	<u> </u>		<del></del>	
<b>3/1</b>	CERTIFICATE OF COMPLIAN	ICF.			OIL C	ONSERV	ATION COM	MISSIO	N		
¥ 1.				TITLE  This form is to be filed in compliance with RULE 1104.							
I hereby certify that the rules and regulations of the Oil Cons Commission have been complied with and that the informati above is true and complete to the best of my knowledge an			nation given							-	
	PRESIDENT  (Title)										
				well, thi	s form must	be accompa	inted by a te rdance with	RULE 11	1.	*****	
				well, this form must be accordance with RULE 111.  All sections of this form must be filled out completely for allow							
				able 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							
	(D	well nam	arate Form	s C-104 mu	t be filed f	or each p	ool in m	ultipl			
				• • •							