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

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

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-67

Operator Hicks Oil and Gas	
Address P. O. Box 174, Farmington, New Mexico 87401	
Reason(s) for filing (check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name S.E. Cha Cha	Well No. 15	Pool Name, including Formation Cha Cha Gallup	Kind of Lease State, Federal or Free Federal SF077976
Location			
Unit Letter F	1980	Feet From The North Line and 1980	Feet From The West
Line Section 17	Township 28N	Range 13W	MMEM, San Juan

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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. Rge. Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Hole	Full Hole
Date Spudded	Date Compl. Ready to Prod. 8-20-81	Total Depth 5750	F.B.T.D. 5644					
Elevations (DF, RKB, RT, GR, etc.) RKB 6023	Name of Producing Formation Gallup	Top Oil Gas Pay 5354	Tubing Depth 5602					
Perforations 5354-68, 5430-34, 5548-50, 5572-76, 5511-13, 5618-26			Depth Casing Shoe 5748					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	8 5/8 - 24#	254'	200 sks					
7 7/8	4 1/2 - 9.5 #	5748'	175 sks					
	3 1/2 - 9.3#	4502'	115 sks					
	2 3/8 - 4.7#	5602'	N/A					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 8/21/81	Date of Test 8/30/81	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 hours	Tubing Pressure 65 psi	Casing Pressure 65 psi	Choke Size N/A
Actual Prod. During Test	Oil-Bbls. 47	Water-Bbls. 13	Gas-MCF 78

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbln. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Mike Hicks
(Signature)
PRESIDENT
(Title)
9/14/81
(Date)

OIL CONSERVATION COMMISSION

APPROVED
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable 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.
Separate Forms C-104 must be filed for each pool in multiple completed wells.