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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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-1  
Effective 1-1-65

B.K.

Operator  
Hicks Enco, Inc.

Address  
P. O. Box 174, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Southeast Cha Cha Unit	39	Cha Cha Gallup	State, Federal or Fee Federal	SF07807

Location

Unit Letter 0 750 Feet From The South Line and 1650 Feet From The East

Line of Section 7 Township 28N Range 13W, NMPM, San Juan County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Merit Oil Corporation	300 West Arrington, Farmington, N.M.
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
	N	8	28N	13W		

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
3-30-81	5-14-81	5771	5638
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
5941Gr. 5954 Kb	Gallup	5462	5548
Perforations			Depth Casing Shoe
5462-66, 5484-92, 5502-04, 5513-26, 5536-46, 5578, 5578½, 5584-90, 5602-06 - 2 holes per foot			5756'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12¼	8 5/8 - 23#	296	250 sks
7 7/8	5 ½ - 15.5#	5756	725 sks

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
5-14-81	5-19-81	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	TSTM	100 psi	NA
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
64	52	12	TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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 New Mexico Oil Conservation Commission have been complied with and that the information furnished above is true and complete to the best of my knowledge and belief.

**RECEIVED**  
**MAY 27 1981**  
**OIL CON. COM.**  
**DIST. 3**

APPROVED \_\_\_\_\_  
Original Signed by **FRANK T. CHAVEZ**  
BY \_\_\_\_\_  
SUPERVISOR DISTRICT #3

TITLE \_\_\_\_\_

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.

**PRESIDENT**  
*(Signature)*  
5/22/81  
**(Date)**