

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RETURNED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

RECEIVED  
DEC 14 1987  
OIL CONSERVATION DIV.

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
HICKS OIL & GAS, INC.

Address  
P.O. DRAWER 3307 - FARMINGTON, NEW MEXICO 87499

Reason(s) for filing (Check proper box)		Other (Please explain)
<input type="checkbox"/> New Well	Change in Transporter of: <input checked="" type="checkbox"/> OIL <input type="checkbox"/> Casinghead Gas	Effective date 12/11/87
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership		

Range of ownership give name  
address of previous owner

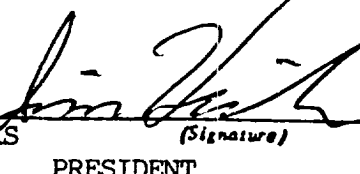
DESCRIPTION OF WELL AND LEASE			
Well Name Southeast Cha Cha	Well No. 39	Pool Name, including Formation Cha Cha Gallup	Kind of Lease State, Federal or Fee Federal Lease No. SF 078071
Location Unit Letter <u>O</u> : <u>750</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>7</u> Township <u>28N</u> Range <u>13W</u> , NMPM, San Juan County			

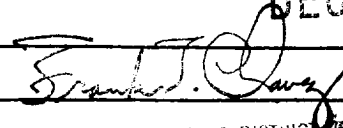
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> CONOCO TRANSPORT	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1429 - Bloomfield, NM 87413
Name of 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)
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:

NOTE: Complete Parts IV and V on reverse side if necessary.

III. CERTIFICATE OF COMPLIANCE  
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

  
JIM HICKS (Signature)  
PRESIDENT (Title)  
December 11th, 1987 (Date)

OIL CONSERVATION DIVISION DEC. 14 1987	
APPROVED	
BY	SUPERVISOR DISTRICT # 5
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 multiply completed wells.	