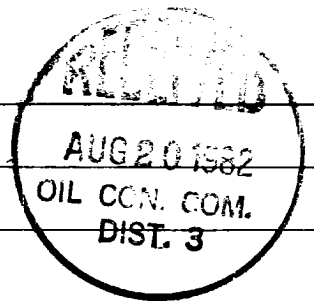


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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

3.5 312212



I. Operator  
HICKS OIL & GAS, INC.

Address  
P.O. BOX 174, Farmington, N.M. 87401

Reason(s) for filing (Check proper box) Other (Please explain)

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"/>

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. 40	Pool Name, Including Formation Cha Cha Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. SF-077976
Location Unit Letter C : 700 Feet From The North Line and 1980 Feet From The West Line of Section 17 Township 28N Range 13W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 , Houston, Tx. 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 N	Sec. 8	Twp. 28N	Rge. 13W
Is gas actually connected? When Used on Lease for Fuel				

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 Res'v.	Diff. Res'v.
Date Spudded 3-15-82	Date Compl. Ready to Prod. 6-25-82		Total Depth 5800'		P.B.T.D. 5728'			
Elevations (DF, RKB, RT, GR, etc.) 6024 Gr. 6035 KB	Name of Producing Formation Gallup		Top Oil/Gas Pay 5384'		Tubing Depth 5690'			
Perforations 5384-94'; 5646-54; 5698-5708'					Depth Casing Shoe 5780'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8-23#		399'		275			
7 7/8	5 1/2-15.5#		5780'		1096			
	2 3/8"-4.7#		5690'		NA			

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 6-30-82	Date of Test 7-9-82	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 30psi	Casing Pressure 30 psi	Choke Size NA
Actual Prod. During Test 27 1/2	Oil-Bbls. 27	Water-Bbls. 1/2	Gas-MCF 32

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 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)  
7-14-82  
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 20 1982, 19\_\_\_\_  
BY Gregory J. [unclear]  
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.