NO. OF COPIES RECEIVED		14	4		
DISTRIBUTION					
SANTA FE		i			
FILE		7.			
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL	<i> -</i>			
	GAS				
OPERATOR					
PRORATION OFFICE		,			
Operator ,					
Hicks Ence	, In	c.			
Address					

110

	DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Dom C inc	
	SANTA FE	REQUEST FOR ALLUMABLE		Form C-104 Supersedes Old C-104 and C-1	
	FILE /			Effective 1-1-65	
	AND				
		AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	. GAS	
	LAND OFFICE	·			
	TRANSPORTER OIL	-		•	
	- GAS		:		
	OPERATOR /]			
1.	PRORATION OFFICE				
	Operator .				
	Hicks Enco, Inc.				
	Address				
	2313 Santiago Avenu Reoson(s) for filing (Check proper bo	e, Farmington, NM 8740			
			Other (Please explain)		
	New Well	Change in Transporter of:			
	Recompletion	Oil Dry G	as U	•	
	Change in Ownership X	Casinghead Gas Conde	ensate 🔝	•	
	If change of ownership give name	Engineering & Production	on Service. Inc., Box 1	90, Farmington, NM 87401	
	and address of previous owner	Diffinoring a reductive	on bol v200, 2001, 2011 2	30 , 1 80011, 111 0, 101	
				:	
11.	DESCRIPTION OF WELL AND				
	Lease Name Navajo Trib				
	Of Indians "F"	120 Horseshoe G	Gallup State, Fede	ral or Fee Federal 14-20-603	
	Location			- 2034	
	F	000 Naudh	1 1000 5-45	. TTL	
	Unit Letter F ; I	980 Feet From The North Li	ne and 1980 reet room	- West	
		_			
1	Line of Section 10 To	www.ship 3]N Range	17W , NMPM, San	Juan County	
III.		TER OF OIL AND NATURAL GA	AS		
	Name of Authorized Transporter of Oi	or Condensate	Address (Give address to which appr	oved copy of this form is to be sent)	
Shell Pipeline Corp. Box 1588, Farmin				NM 87401	
	Name of Authorized Transporter of Ca			oved copy of this form is to be sent)	
i					
		Unit Sec. Twp. P.ge.	Is gas actually connected? W	hen	
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	is das detadify connected?	14531	
	give location of tanks.	<u> F </u>	<u> </u>		
,	If this production is commingled w	ith that from any other lease or pool,	give commingling order number:		
	COMPLETION DATA	the thet from any other route or poor,			
· · · · í		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completi	on - (X)			
I	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
- 1	Date Spudded	Bute Compt. Ready to Frod.	Total Depth		
ļ					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
- 1			<u> </u>		
П	Perforations			Depth Casing Shoe	
ı					
TUBING, CASING, AND CEMENTING RECORD					
			SACKS CEMENT		
- 1	HOLE SIZE	CASING & TUBING SIZE			
L			<u> </u>		
L					
- 1					
ſ					
, L	TEST DATA AND REQUEST F	OP ALLOWARIE (Test must be a	feer recovery of rotal volume of load of	l and must be equal to or exceed top allow	
	OIL WELL	able for this de	pth or be for full 24 hours)		
ੂੰ	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas I	ift, etc.)	
	,				
-		•• ••	Casing Pressure	Choke Size	
- 1	Length of Test	Tubing Pressure	Caring Pressure		
Г	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF	
		•	<u> </u>	18,000	
'-				MAR 12 COM	
	GAS WELL			MAR ON. 3	
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Complete of Condendation	
- 1	ACTUM 7:00. 1001-10172			Olf Ols	
L			45.45		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-is)	Casing Pressure (Shut-is)	Choke Size	
ı			<u> </u>		
I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION			
Commission have been complied with and that the information given			APPROVED MAR 1	2 1979 19	
			AFFROVED	•	
			BY Original Signed by FRANK T. HAVEZ		
above is true and complete to the best of my knowledge and belief.					
Cantily my			TITLE DEPUTY OIL & GAS INSPECTOR DIST #3		
			This form is to be filed in compliance with RULE 1104.		
	Signa	itwe)	well, this form must be accompa	Euled by a familiation of the designor	

Engineering & Production Service, Inc. (Title)

February 26, 1979

(Date)

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.