1.	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OPERATOR PRORATION OFFICE Operator Hicks Enco, Inc. Address 2313 Santiago Avenue Reason(s) for filing (Check proper both show Well Recompletion	e, Farmington, NM 8740	Other (Please	NATURAL GAS	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
	Change in Ownership X If change of ownership give name and address of previous owner	H /-	ensate 🗍	, Box 190, Fai	rmington, NM 87401
**,	CESCRIPTION OF WELL AND Lease Name Navajo Tribe of Indians "F" Location Unit Letter J : 19	Veri No. Pool Name, Including For the South Line Name of the South L	Gallup		East
	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oil Shell Pipeline Corp. Name of Authorized Transporter of Ca		Box 1588, Farm	ington, NM 8	of this form is to be sent) 37401 of this form is to be sent)
11		Unit Sec. Twp. Rge. F 10 31 17 th that from any other lease or pool,	.4	<u>.</u>	
	Designate Type of Completic Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Date Compl. Ready to Prod. Name of Producing Formation	New Well Workover Total Depth Top Oil/Gas Pay	P.B.T.I	D.
	Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	1	SACKS CEMENT
O	EST DATA AND REQUEST FO	OR ALLOWABLE (Test must be as able for this de	fter recovery of total volum pth or be for full 24 hours) Producing Method (Flow,		be equal to or exceed top allow-
L	ength of Test	Tubing Pressure	Casing Pressure	Choke S	iize
	ctual Prod. During Test	Oil-Bbls.	Water - Bble.	Gas - MO	
	AS WELL actual Prod. Test-MCF/D esting Method (pirot, back pr.)	Length of Test Tubing Pressure (Shut-in)	Bbls. Condensate/MMCF Casing Pressure (Shut-		of Condenpare 2. 1900 MAR COM.
	ERTIFICATE OF COMPLIANCE		<u> </u>	ONSERVATION C	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief. Jack D. Cook			APPROVED Original Signed by FRANK I. CHAVEL TITLE ACPUTY CIL C. CAS SUCCESSED DIST. #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 multiply completed wells.		