## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

, carred receives							
DISTRIBUTE							
SANTA FE							
FILE							
U.S.G.S.							
LAND OFFICE	]						
TRANSPORTER	OIL						
	GAS						
OPERATOR							
PROBATION OFF							

## **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

Separate Forms C-104 must be filed for each pool in multiply complated wells.

TRANSPORTER GAS	REQUEST (	FOR ALLOWABLE						
OPERATOR		AND	•	•				
PROMATION OFFICE	AUTHORIZATION TO TRAI	NSPORT OIL AND NATU	IRAL GAS					
I.								
Operator								
J. Felix Hickman		<del></del>						
Address		•	- 005188	TEX.				
P O Box 208, Farmin	ngton, NM 8/499			1133				
Reason(s) for filing (Check proper box)		Other (Pleas	e expland					
New Mell	Change in Transporter of:		11005	Care Co.				
Recompletion		Dry Gas	APR 1 7 1985					
Change in Ownership	Casinghead Gas	Condensate		<i>I</i>				
that are of any and in give name	• .		OIL CON. DIV	•				
If change of ownership give name and address of previous owner			DIST. 3					
·			<del>-</del>					
II. DESCRIPTION OF WELL AND								
Lease Name	Well No. Pool Name, Including		Kind of Lease	Lease No.				
Clark	West Lindri	th Gallup-Dakota	State, Federal or Fee Federal	JNM-03011				
Location	š1 . 1	rr0						
Unii Letter H 1865	Feet From The North	Line and 550	Feet From TheEast					
	2.4.11	211	D: 4 ·1					
Line of Section 5 Towns	ship 24N Range	3 W , ммр	a, Rio Arriba	County				
III. DESIGNATION OF TRANSPO		AAL GAS	to which approved copy of this form is					
Name of Authorized Transporter of Cil &	or Condensate	• • • • • • • • • • • • • • • • • • •		to be senty				
Permian Corp.			ington, NM 87499					
Name of Authorized Transporter of Costne		Address (Give address	to which approved copy of this form is	to be senty				
El Paso Natural Gas		Box 4990, Fari						
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connec	Is que actually connected? When					
give location of tanks.	H	110	·					
If this production is commingled with	that from any other lease or po	ol, give commingling orde	er number:					
•	•							
NOTE: Complete Parts IV and V	on reverse state if necessary.	4						
VI. CERTIFICATE OF COMPLIANCE	CF.	OIL	CONSERVATION DIVISION					
		∥.	4Č	105				
I hereby certify that the rules and regulations	s of the Oil Conservation Division ha	vc   APPROVED	NDR 1 7 10	103				
been complied with and that the information	given is true and complete to the best	of Day Onical Co						
my knowledge and belief.		BY. Original Sig	ned by FRANK T. CHAVEZ					
1		TITLE	THE THIRD POINT TO THE					
) ·								
in 1 lest	Jim L. Jacobs	- 11	o be filed in compliance with RUL					
(Signatur			quest for allowable for a newly dril it be accompanied by a tabulation					
Geologist	•		well in accordance with NULE 1					
(Title)	)		f this form must be filled out comp	letaly for allow-				
4-16-85		able on new and re						
(Date)			Sections I. II, III, and VI for chier, or trensporter, or other such chae					

V. COMPLETION DATA	Oil Well Gas Well	New Well Workover De	epen Plug Back Same Res'v. Diff. Ros'v
Designate Type of Completion	$n = (X)$ $\chi$	χ	
Data Epuda ed	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12-30-84	3-28-85	7816'	7770 <b>'</b>
Deventions (DF, RKB, RT, GR, etc.,	Name of Producing Fermation	Top CII/Gas Pay	Tuting Depth
7063 GL	Gallup & Dakota	6634	7599'
	L		Depth Casing Shoe
6634"-6858" Gallu	ıp 7478'-77 <b>57</b> ' Da	ikota	7816'
	TUBING, CASING, A	HD CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
121"	9-5/8" 00	234' RKB	148 cf
7-7/8"	5-1/2"	7816'	2343 cf in 3 stages
7 1/10	2-7/8"	7599'	
			<u>i</u>
TTOT DATA AND PROHEST	FOR ALLOWABLE (Test must b	e after recovery of total volume of	load oil and must be equal to or exceed top allo
OIL WELL	able for this		
Date First New Oil Run To Tanks	Date of Test	Producing Mathed (Flow, pun	
2-9-85	3-27-85	Swabbing & Flowi	ng
Length of Test	Tubing Pressure	Casing Pressure	Choke Sixe
6 hrs	40	490	
Actual Prod. During Test	O11- Bbls.	Water - Bbls.	Gas-MCF
83 BO + 75 MCF + 40 BLW	332 BOPD	160 BLWP <b>D</b>	300 MCFD
SAS WELL			Crayley of Condensate
ACTUAL Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Length of Test Tubing Pressure (Ehut-in)	Ebls. Condensate/MMCF  Casing Pressure (Shut-in)	







Job separation sheet

1 File 1 Sunwest Bank of New Mexico Submit 5 Copies
Appropriate District Office
1
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240 1 Wiggin

Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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DISTRICT II P.O. Drawer DD, Artesia, NM \$8210

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•		TO TRA	NSP	ORT O	L AND NA	UHAL	GA	) 	DI No		
perator	or   30						II API No. 30 039 23631				
Carolyn Clark Wiggin Oil Properties								<del></del>			
P.O. Box 420, Farmi	naton, N	NM 874	199								
eason(s) for Filing (Check proper box)					Othe	s (Please e	explair	r)			
ew Well		Change in	•		Eff	ective	e 3-	-1-93			
ecompletion	Oil Casinghe	ad Gas	Dry Ga Conder								
				_	nk of Alb	umiero	nie.	Trust	Dept.,	P.O. Box	₹ 26900
d address of previous operator	elix Hi	ekman,	Suriw	est bai	IK OI AID	aquerq	1407	Albuqu	erque,	NM 8712	25-6900
DESCRIPTION OF WELL	AND LE							1 00			ease No.
ease Name		Well No.	Pool N	iame, includ	ling Formation	Dal/	Bik	Kind (	of Lease Federallor F		
Clark		11	معال	uth Bl	anco-PE						JUII
Unit Letter H	. 1	.865	Foot Fr	mm The	North Line	5!	50	Fe	et From The	East	Line
Unit Letter			_ 144 11								
Section 5 Towns	hip	24N	Range	3W	<u>, N</u> 1	APM, F	Rio	Arriba			County
I. DESIGNATION OF TRA	NCDODTI	CD OF O	II AN	ID NATT	DAI GAS						
I. DESIGNATION OF TRA ame of Authorized Transporter of Oil	NSPURIE	or Conden		[XX]	Address (Giv					form is so be s	eni)
Giant Refining	<u>.                                    </u>				P.O. B	ox 256	5, F	arming	ton, NM	87499	
ame of Authorized Transporter of Cas	nghead Gas		or Dry	Gat XX						<i>form</i> is 10 be s M 87499	eni)
El Paso Natural Gas	Unit	Sec.	Twp	l Pas	P.O. E			When		M 07433	
well produces oil or liquids, re location of tanks.	H	5	24N	3W 2	is gas some						
this production is commingled with th	at from any of	her lease or	pool, gi	ve commin	gling order num	per:					
. COMPLETION DATA					_,				l m n	Icana Basin	Diff Res'v
Designate Type of Completion	n - (X)	Oil Well	'   '	Gas Well	New Well	Workov	er   	Deepen	i Piug Baci	Same Res'v	
ate Spudded		npl. Ready to	o Prod.		Total Depth				P.B.T.D.		
at space											
evations (DF, RKB, RT, GR, etc.)	Name of I	Producing F	omation	0	Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
									Depth Cas	ing Shoe	
erforations									'		
		TUBING	. CASI	ING AND	CEMENTI	NG REC	ORI	)			
HOLE SIZE		ASING & T				DEPTH:			SACKS CEMENT		
					<del> </del>				<del> </del> -		
	<del></del>										
. TEST DATA AND REQU	EST FOR	ALLOW	ABLE	E							
IL WELL (Test must be after	recovery of	total volume	of load	oil and mu	st be equal to or	exceed to	p allo	wable for th	is depth one	7 5 700	
Date First New Oil Run To Tank	Date of T	ES			Producing M	eunoa ( <i>r 10</i>	w, pw	πφ, χας 191,			• **
ength of Test	Tubing Pr	TESSURE			Casing Press	ure			Choke 54	MADR	C sono
Eugui or Ica	700.00	100.0010							1		6 1993,
ctual Prod. During Test	Oil - Bbli	<b>S.</b>			Water - Bbls	•			Gas- MCI	OIL CO	IN. DIV
											ST. 3
GAS WELL						2011	~		TC-wine o		
Actual Prod. Test - MCF/D	Length of	( Test			Bbls. Conde	asa ke/MMK	Cr.	•	CTAVILY O	Condensate	
esting Method (pilot, back pr.)	Tubino P	ressure (Shi	ut-m)		Casing Press	ure (Shut-	in)		Choke Si	ie –	
soung meurou (puox, ouex pr.)		1000	·,								
L OPERATOR CERTIF	CATE O	F COM	PLIA	NCE			· · ·	וכבטי	/ATION	יייי	ON.
I hereby certify that the rules and re	gulations of th	ne Oil Conse	ervation			OIL C	:UN	12FKA	AHUN	DIVISI	ON
Division have been complied with a	and that the inf	formation gi	ven abov	ve				. /	APR 1	6 1993	
is true and complete to the best of t	ny kinowieage	and Deliel.			Date	e Appr	ove	d			
That I !	~~~							7.	A) 6	2/	
Signytoure					∥ By_			<i>D.</i>			
	ent		Title					SUPE	RVISOR	DISTRICT	#3
Printed Name 3/12/93	3	325–182			Title	·					
			lephone	No.					₹.		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this firm must be filled out for allowable on they and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.