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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

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-1
 Effective 1-1-65

I. OPERATOR
 Operator: HICKS OIL AND GAS, INC.
 Address: P. O. Box 174, Farmington, New Mexico 87401
 Reason(s) for filing (Check proper box):
 New Well Change in Transporter of: Oil Dry Gas
 Recompletion Casinghead Gas Condensate
 Change in Ownership Other (Please explain): _____

If change of ownership give name and address of previous owner: Hicks Enco, Inc., P. O. Box 174, Farmington, New Mexico 87401

II. DESCRIPTION OF WELL AND LEASE
 Lease Name: SOUTHEAST CHA CHA UNIT Well No.: 27 Pool Name, including Formation: CHA CHA GALLUP Kind of Lease: State, Federal or Fed Federal Lease No.: SF 077968
 Location: Unit Letter N 810 Feet From The South Line and 2130 Feet From The West
 Line of Section: 16 Township 28N Range 13W, NMEM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate : FERMIAN CORPORATION Address (Give address to which approved copy of this form is to be sent): P.O. BOX 1183 - HOUSTON, TEXAS 77001
 Name of Authorized Transporter of Casinghead Gas or Dry Gas : _____ 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 _____ 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: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Side Vent	Drift Back
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

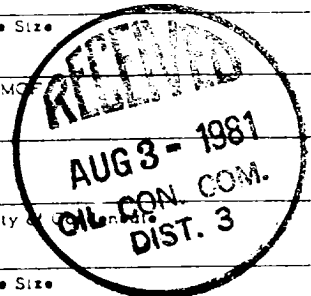
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity
Testing Method (pilot, 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.

 (Signature)
 President

 (Title)
 7/28/81

 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY: THOMAS S. CHAVEZ
 TITLE: _____

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepener well, this form must be accompanied by a tabulation of the deviator 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.