DISTRICT II P.O. Drawer DD, Arteria, NM 88210

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

## OIL CONSERVATION DIVISION

Ending, Marketty Could have

P.O. Box 2088

as a before all

Santa Fe, New Mexico 87504-2088

IL.	7	OTRA	NSPC	ORT OIL	AND N	ATURAL G	AS				
Operator  Unicke Oil & Cop. Inc.								Well API No. 300450746700S1			
Hicks Oil & Gas, I	nc.							<del>, , , , , , , , , , , , , , , , , , , </del>			
P.O. Box 3307, Far	mington.	, N.M.	874	9 <b>9</b>		thes (Please exp	iais)				
Reason(s) for Filing (Check proper box) New Well		Change in	Transpor	ter oft		uica (1 teme exp.	and y				
Rec. pletion	Oil		Day Gas								
Change in Operator  If change of operator give name	Czsieghszá	G24	Condens	33 []	<del></del>						
and address of previous operator											
IL DESCRIPTION OF WELL			Pol No	me Includi	ng Formation		Kind	of Lease	L	ease Na	
Southeast Cha Cha	Well No.   Pool Name, Includ Cha Unit   15   Cha Cha G					<u> </u>	State,	Federal or Fee SF-077976			
Locaion	: 1980 Feet From The N				orth 1980			Federal West			
Unit Letter	_:	<del></del> -	. Feet Fro	nn The	L.	ne and	F	et From The		Line	
Section 17 Townshi	28N		Range	13W	,1	VMP <b>M</b> ,		San Juan		County	
III. DESIGNATION OF TRAN				NATU	RAL GAS	3	•••			-1	
Name of Authorized Transporter of Oil  Gary - Williams Er	IXI	or Conden rp/	szie (		P.O.	Box 150,	Bloomf	ield, N.M.	874]	13 13	
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)										nt)	
If not and an all on timede	Unit	Sec.	Tup	Pos	Is one action	lly connected?	When	. 7			
If well produces oil or liquids, give ke alica of tanks.	N	8	201	130	1 2 2 2	my commona.	i				
If this production is commingled with that	from any other	r lease or	pool, give	commingl	ing order nu	mb <b>er:</b>					
IV. COMPLETION DATA		Oil Well	G	2s Well	New Wel	Workover	Deepen	Plug Back S	me Res∀	Diff Res'v	
Designate Type of Completion		Pardy to	Bood		Total Depti	.1	1	P.B.T. <b>D.</b>		1	
Dzie Spudies	Date Compl	i. Keziy io	riou.		local Dopa	•		r.b.1. <b>D.</b>			
Elevations (DF, FKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
र प्रतिकारमञ्जू					]	Depth Casing Shoe					
								<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				CEMENT	DEPTH SET		SACKS CEMENT			
HOLE SIZE	CAS		<i></i>								
	<u> </u>							-			
V. TEST DATA AND REQUES  OH WELL (Test must be after re	T FOR A	LLOWA	ABL <b>E</b>	il and must	be equal to	or exceed top all	lomable for the	is depth or te for	full 24 hou	74a	
QH WELL (Test must be after r. Date First New Oil Run To Tank	Date of Test		oy laid o.		Producing I	Method (Flow, p	wmp, gas lift,	esc.), ()		AFU	
	T.1' - D				Casing Pres	G) TR		Cherosine		<u></u>	
Leigh of Tex	Tucing Pres	Tubing Pressure						JU	N 51	9 <b>90</b>	
Actual Prod. During Test	oil - Bbis.				Water - Bb	S.		G25- MCF	CON	. DIV	
	L				1			1	DIST.	3	
GAS WELL Actual Frod. Test - MCF/D	Leigh of T	cst			Bbls. Cond	ensuic NMCF		Gravity of Con	densate		
	-				Carrie o Para	Com (Chief In)		Choke Size			
Terting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)						
VL OPERATOR CERTIFIC				CE		OIL CO	NSERV	ATION D	IVISIO	ON	
I hereby certify that the rules and regulations of the Oil Conservation  Dividon have been complied with and that the information given above					JUN 5 1990						
is true and complete to the best of my knowledge and belief.					Dat	e Approve					
Jam Harl					But Shand						
Signature 1 Hices	Acres 1	(uxs/)	2/3	Astro	By.		SUPER	VISOR DIS	TRICT	/3	
Printed Name		200	Title	~ <del>~</del> ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Titl	· 9			<del> </del>		
6/4/40 Date	505	- <u>S</u> スノー Tele	jbae No	<u>~</u>							
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- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation o leviation tests taken in accordance
- with Rule 111. 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transport or other such changes.
  4) Sign of Figure 104 months fill differ each problem multiply completed wells.