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	LAND OFFICE	+-	A			
	'RANSPORTER	OIL				
	OPERATOR	١		1		
1.	PRORATION OF	ICE		1		
	Cperator					
	HICKS OIL AND GAS, INC.					
	P. O. Box 174, Farmington, N Reason(s) for filing (Check proper box)					
	New Well			Cho		
	Recompletion			Oth		
	Change in Ownership	,[XX]		Car		
11.	DESCRIPTION O			H1C		
				<i>n</i> •		
	SOUTHEAST CF	IA CHA	UNIT	L		
	Unit Letter	:	1830)F•		
	Line of Section	16	Tow	mship		
11.	DESIGNATION OF	F TRAN	SPORT	ER OF		
	PERMIAN CORPORATION					
	Name of Authorized	Transport	er of Cas	Ingh ead (
	If well produces oil of give location of tank		,	Unit		
v.	If this production is commingled with that fr COMPLETION DATA					
	Designate Type of Completion - (X)					
	Date Spudded			Date Co		

SANTA FE FILE U.S.G.S. LAND OFFICE 'RANSPORTER OIL CAS	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 GAS		
OPERATOR PRORATION OFFICE Cperator					
ddress					
New Well Recompletion Change in Ownership XX					
If change of ownership give name and address of previous owner	Hicks Enco, Inc., P.	O. Box 174, Farmington,	New Mexico 87401		
DESCRIPTION OF WELL AND Lease Name		ormutton Ktnd of Lea	Se (else)		
SOUTHEAST CHA CHA UNIT 17 CHA CHA GALLUP State, Federal or Fee Federal SF 077968					
			The West Juan County		
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL CA				
Name of Authorized Transporter of Cil or Condensate Address (Give address to which approved copy of this form is to be sent)					
		Address (Give address to which appro			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? WY	hen		
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff, Resty		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Otl/Gas Pay	Tubing Depth		
Perforations	<u> </u>	.i <u>-</u>	Depth Casing Shoe		
	TUBING, CASING, AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
TEST DATA AND REQUEST FO	OR ALLOWABLE. (Text must be a	fter recovery of total valums of load oil	and must be equal to or exceed top allow		
11. WELL able for this depth or be for full 24 hours)					
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oti-Bbie.	Water - Bbls.	co ALTINIA		
GAS WELL			AUG 8 - 1981		
Actual Prod. Test-MCF/D	Length of Test	Bbis, Condensate/MMCF	Gravit OCH ENGLIST S		
Testing Method (pitot, back pr.)	Tubing Preseure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION			
Commission have been complied w	with and that the information given	BY Original Signed by FRANK T. CHAVEZ			
		TITLE	TITLE		
Mich		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 filled for each pool in multiply			
(Signal President	sture)				
President 7/28/81					
	U.S.G.S. LAND OFFICE RANSPORTER OIL RANSPORTER GAS OPERATOR PRORATION OFFICE Coperator HICKS OIL AND GAS, INC Address P. O. BOX 174, Farming Reason(s) for filing (Check proper box New Well Recompletion Change in Ownership give name and address of previous owner DESCRIPTION OF WELL AND Legae Name SOUTHEAST CHA CHA UNIT Location Unit Letter F 183 Line of Section 16 To DESIGNATION OF TRANSPOR Name of Authorized Transporter of Cit PERMIAN CORPORATION Name of Authorized Transporter of Ca If well produces oil or liquids, give location of tanks. If this production is commingled wit COMPLETION DATA Designate Type of Completic Date Spudded Elevations (DF, RKB, RT, GR, etc.) Parforations HOLE SIZE TEST DATA AND REQUEST FOIL, WELL Actual Prod. During Test Actual Prod. During Test CAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIANC I hereby certify that the rules and a complete to the complete to	U.S.G.S. LAND OFFICE RAMSPORTER OTL GAS OPERATOR PROPATION OFFICE PARTOR PROPATION OFFICE PARTOR P. O. BOX 174, Farmington, New Mexico 87401 Recomplifer ling (Check proper box) New Weit Recomplifer ling (Check proper box) New Weit Recomplifier ling (Check proper box) New Weit Change of ownership give name and address of previous owner Hicks Enco, Inc., P. DESCRIPTION OF WELL AND LEASE. Lease Name SOUTHEAST CHA CHA UNIT 17 CHA CHA GALLUF Location Unit Letter F 1830 Feet From the North Li Line of Section 16 Township 28N Range 13 DESIGNATION OF TRANSPORTER OF OIL AND NATURAL G. Nore of Authorized Transporter of Clusinghead Gas or Opplepasite If well production is commingled with that from any other lease or pool, COMPLETION DATA Designate Type of Completion - (X) Derie Spudded Derie Spudded Tubing Casing, ANI HOLE SIZE CASING & TUBING SIZE TEST DATA AND REQUEST FOR ALLOWABLE (Test must be a able for this of the Chil Conservation) TUBING, CASING, ANI HOLE SIZE CASING & TUBING SIZE TEST DATA AND REQUEST FOR ALLOWABLE (Test must be a able for this of the Chil Conservation) TUBING, CASING, ANI HOLE SIZE CASING & TUBING SIZE TEST DATA AND REQUEST FOR ALLOWABLE (Test must be a able for this of the Chil Conservation) TUBING CASING, ANI HOLE SIZE CASING & TUBING SIZE Testing Method (pitor, back pr.) Tubing Pressure (shut-in) CERTIFICATE OF COMPLIANCE Liverby certify that the cules and regulations of the Oil Conservation Commission have been complised with and that the information given conservation and complete to the best of my knowledge and belief. (Signature) President (Signature) President (Signature)	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL Recognition Comparison Compa		