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U.S.G.S.		
LAND OFFICE		L
IRANSPORTER	OIL	
	GAS	L
OPERATOR		
DECEMBER OF FICE		

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104
Supersedes Old C-104 and C-110
Effective 171-65

	U.S.G.S.	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL GAS $\mathcal{A}\mathcal{K}$ (								
	LAND OFFICE	1°2'									
-	TRANSPORTER GAS			1							
}	OPERATOR										
. }	PRORATION OFFICE										
1.	Operator										
	Hicks Enco, I nc.										
	Address P. O. Box 174. Farmington, New Mexico 87401										
	P. O. Box 174, Farmington, New Mexico 87401  Reason(s) for filing (Check proper box)  Other (Please explain)										
	New Well X Change in Transporter of:										
	Recompletion	Oil Dry Gas									
	Change in Ownership	Casinghead Gas Condens	sate								
	If change of ownership give name										
	and address of previous owner										
I.	DESCRIPTION OF WELL AND LEASE.    Lease Name										
	Lease Name		Carta Federa	or Fee Federal NM09979							
	S. E. Cha Cha	37   Cha Cha Gallur		rederat miossis							
	Unit Letter 0 : 2100 Feet From The East Line and 550 Feet From The South										
	A.F										
u.	DESIGNATION OF TRANSPORT	or Condensate	Address (Give address to which approx	ved copy of this form is to be sent)							
	Name of Authorized Transporter of Cil	of Couldersace	300 West Arrington, Farmington N.M.								
	Merit Oil Company Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address Give address to which appro-	ved copy of this form is to be sent)							
	N/A										
	If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected? Who	en .							
	give location of tanks.	N 15 28N 13W									
		h that from any other lease or pool, a	give commingling order number:								
V.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.							
	Designate Type of Completion		X	P.B.T.D.							
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	5840'							
	5-7-80	5-30-80  Name of Producing Formation	5940' Top Oil/Gas Pay	Tubing Depth							
	Elevations (DF, RKB, RT, GR, etc., 6123*KB 6109*Ground	Gallup	5753'	5700'							
	Perforations	darrup		Depth Casing Shoe							
5753' - 5763' - One hole per foot 5940'				5940'							
	TUBING, CASING, AND		CEMENTING RECORD								
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT							
	12 ¼"	8 5/8 23#	517' 5940'	275 1st stage - 280 sks							
	7 7/8"	5 ½ 15.5#	5940	2nd stage = 1000 sks							
v	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be af	ter recovery of total volume of load oil	and must be equal to or exceed top allow-							
•	TEST DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total volume of load oil and must be equal to or exceed able for this depth or be for full 24 hours)  OIL WELL  Producing Method (Flow, pump, gas lift, etc.)										
	Date First New Oil Run To Tanks	Date of Test									
	6-8-80	7-14-80 Tubing Pressure	Pumping Casing Pressure	Choke Size							
	24 hrs.		30#	N/A							
	Actual Prod. During Test 1000 bbls.	Oil-Bbls.	Water-Bble. 92 bbls.	Gap-NCF TSTM							
	1000 bbls.	8 bbls.	32 DUIS.	OIL ISTM							
GAS WELL											
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Govity of Condensate							
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size							
				A TION COMMISSION							
I. CERTIFICATE OF COMPLIANCE				ATION COMMISSION							
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.		Original Signed by FRANK T. CHAVEZ									
		Original Signed by FRA	Original Signed by FRANK T. CHAVEZ								
		SUPERVISOR DISTRICT # 3  TITLE  This form is to be filed in compliance with RULE 1104.									
					C/Obress -				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		
					(Signature) JD Hicks		I taken taken on the Well in accordance with Nobe				
	President (Title)		All sections of this form must be filled out completely for allow able on new and recompleted wells.								
	7/28/80										
(Date)		Fill out only Sections I. II. III. and VI to change of condition well name or number, or transporter or other such change of condition									

(Date)

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