	NO. OF COPIES RECEIVED 4	1		/	
	DISTRIBUTION SANTA FE		CONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-116	
	FILE (AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (GAS	
	LAND OFFICE	, <u>a.</u>			
	TRANSPORTER GAS	1	<i>:</i>	•	
	OPERATOR	1			
1.	PRORATION OFFICE	<u>1</u>			
	Operator Hicks Enco, Inc. Address				
	2313 Santiago Avenue, Farmington, NM 87401				
	Reason(s) for filing (Check proper box)				
	New Well	Change in Transporter of:			
	Recompletion	Oil Dry Go	71		
	Change in Ownership X	Casinghead Gas Conde	nsate		
	If change of ownership give name and address of previous owner	Engineering & Production	on Service, Inc., Box 19	0, Farmington, NM 87401	
-:	DESCRIPTION OF WELL AND	LEASE	ormation Kind of Leas	Lease No.	
	Lease Name Navajo Tribe	Well No. Pool Name, Including F		14-20-60	
	of Indians "G"	202 Horseshoe	Gallup Side, reder	2033	
	Location 7	200 South	se and 500 Feet From	_ West	
	Unit Letter L : 1800 Feet From The South Line and 500 Feet From The West				
	Line of Section 11 Tov	waship 31N Range	L7W , NMPM, San	Juan County	
Ш.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent)				
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro		
	Shell Pipeline Corp.		Box 1588, Farmington, NM 87401 Address (Give address to which approved copy of this form is to be sent)		
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Name and Name of the last		
		Unit Sec. Twp. Pge.	Is gas actually connected? Wh	en	
	If well produces oil or liquids, give location of tanks.	F 10 31 17			
	If this production is commingled with	th that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completic	1		10070	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
		Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Pointation	1.00 02, 0.2.1.2		
	Perforations			Depth Casing Shoe	
		TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
					
		1			
٠.	TEST DATA AND REQUEST FO	OR ALLOWARIE. (Test must be a	after recovery of total volume of load oil	and must be equal to or exceed top allow	
V.	able for this depth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	iji, etc.j	
		•	Casing Pressure	Choke Size	
	Length of Test	Tubing Pressure	Castild Liensons	it had	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
		1		THE OF STREET	
	GAS WELL			Company of the Control of the Contro	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	

Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (puot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE MAR 1 2 1979

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.

Engineering & Production Service, Inc

February 26, 1979 (Date) APPROVED. Original Signed by FRANK T. CHAVEZ

DEPUTY OIL & GAS INSPECTOR, DIST. #3 TITLE .

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despened 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 sllow-able on new and recompleted wells.

Fill out only Sections I. H. 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.