	HO. OF COPIES REC	EIVED	। प									
	DISTRIBUTION			ī d	NEW MEXICO OIL CONSERVATION COMMISSION							
	SANTA FE				REQUEST FOR ALLOWABLE							
	FILE /		7	AND								
	U.S.G.S.				AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
	LAND OFFICE											
	IRANSPORTER	OIL	1				•					
	HANSPORTER	GAS								:		•
	OPERATOR											
ı.	PRORATION OF	ICE										
	Circulate Trans. Trans.											
	Hicks Enco, Inc.											
	2313 Santiago Avenue, Farmington, NM 87401											
	Reason(s) for filing (Check proper box)				Other (Please explain)							
	New Well				Change is	Transp	orter of:					
	Recompletion				Oil			Dry Gos	·	1		
	Change in Ownership	X)			Casinghe	ad Gas	<u></u> لــ	Condens	sate	<u> </u>		
	If change of owners and address of prev	ious ow	ner _		<u>-</u> .	ing &	Prod	uction	n Ser	vice,	Inc.	, Box 190, Fa
٠		ajo T			Well No. Pool Name, Including Formation					Kind of Lease		
	of Indi		203 Horseshoe Gallup						State, Federal or Fee			
	Location				<u></u>							
	Unit Letter K		:	1980	_Feet Fro	m The_	South	Line	and	1980		Feet From The
	Line of Section	11		Township	31	N	Ran	ge	17W	<u>-</u>	, NMPM	. San Juan

rmington, NM 87401 14=20=603 2033 <u>Federal</u> West County III. 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 X or Condensate Box 1588, Farmington, NM 87401
Address (Give address to which approved copy of this form is to be sent) Shell Pipeline Corp. Name of Authorized Transporter of Casinghead Gas or Dry Gas Is gas actually connected? P.ge. Unit Sec. Twp. If well produces oil or liquids, give location of tanks. F 31 17 10 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v. Plug Back New Well Workover Gas Well Oil Well Designate Type of Completion - (X) P.B.T.D. Date Compl. Ready to Prod. Total Depth Date Spudded Tubing Depth Name of Producing Formation Top Oll/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (E1--numn see life ste l

Date First New Oil Run To Tanks	Date of Pest	Producing Marines (1 100) Annal Producing					
Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
Actual Prod. During Test	Oil-Bble.	Water - Bbls.	Gas-MCF R				
GAS WELL			MARIST				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of @#Een@				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-im)	Choke Size				

APPROVED.

1. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)

Inc Engineering & Production Service, (Title)

February 26, 1979 (Date) This form is to be filed in compliance with RULE 1104.

Original Signed by FRANK T. CHAVEZ

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

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.

OIL CONSERVATION COMMISSION

MAR 1 2 1979

Form C-104

Effective 1-1-65

Supersedes Old C-104 and C-110

Fill out only Sections I. II. III. and VI for changes of owner, all 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.