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| SANTA FE | | | | | | | | |
| FILE | | | | | | | | |
| U.\$.G.\$, | | | | | | | | |
| LAND OFFICE | | | | | | | | |
| TRANSPORTER | OIL | i | | | | | | |
| | GAS | | | | | | | |
| OPERATOR | | | | | | | | |
| PRORATION OFFICE | | | | | | | | |
| Hicks Enco | | | | | | | | |
| 313 Santiago Avenue, | | | | | | | | |
| on(s) for filing (Check proper box) | | | | | | | | |
| | t 📑 👚 | | | | | | | |
| New Well | 一 | | Recompletion | | | | | |
| | | | | | | | | |

-110

| | SANTA FE | | CONSERVATION COMMISSION FOR ALLOWABLE | Form C-104 Supersedes Old C-104 and C-1 | | |
|---|--|---------------------------------------|---|--|----|------------------------------|
| | FILE | - | AND | Effective 1-1-65 | | |
| | U.S.G.S. | • | ANSPORT OIL AND NATU | RAL GAS | | |
| | TRANSPORTER OIL | <u> </u> | | • | | |
| | GAS | - | <i>:</i> | • . | | |
| | PRORATION OFFICE | · | | | | |
| E. | Operator | | | | | |
| | Hicks Enco, Inc. | | · · · · · · · · · · · · · · · · · · · | | | |
| ; | 313 Santiago Avenue | e, Farmington, NM 8740 | · | | | |
| | on(s) for filing (Check proper box | e) | Other (Please explai | n) | | |
| | New Well | Change in Transporter of: | | | | |
| | Recompletion Change in Ownership X | Oil Dry G | 771 | | | |
| 1 | If change of ownership give name | Engineering & Production | on Service, Inc., Bo | x 190, Farmington, NM 87401 | | |
| п. | RIPTION OF WELL AND | | | | | |
| | L Name Navajo Tribe | Well No. Pool Name, Including F | 1 | Federal or Fee Federal Lease No. 14-20-6 | | |
| 1 | of Indians "F" | 136 Horseshoe Ga | illup Johns, | rederal 2034 | | |
| | Unit Letter A : 660 | Feet From The North Lin | ne and <u>660</u> Feet | From The East | | |
| | | 21 M | 17U | San Juan | | |
| | Line of Section 10 To | wnship 31N Range | 17W , NMPM, | San Juan County | | |
| m. | | TER OF OIL AND NATURAL GA | | | | |
| 1 | Name of Authorized Transporter of Oil | | Address (Give address to which approved copy of this form is to be sent) | | | |
| - } | Shell Pipeline Corp. Name of Authorized Transporter of Ca | | Box 1588, Farmingt Address (Give address to which | on, NM 87401 approved copy of this form is to be sent) | | |
| 1 | , , | | | | | |
| Ì | If well produces oil or liquids, | Unit Sec. Twp. P.ge. | is gas actually connected? | When | | |
| [| give location of tanks. | F 10 31 17 | | | | |
| | COMPLETION DATA | th that from any other lease or pool, | give commingling order number | | | |
| - 1 | Designate Type of Completic | on – (X) | | | | |
| Ì | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | |
| - } | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | |
| | Zierottona (Dr., MAD, Mr., OK, etc.) | | , | | | |
| ľ | Perforations | | , | Depth Casing Shoe | | |
| - | | TUDING CASING AND | CEMENTING DECORD | | | |
| - } | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | |
| t | | | | | | |
| | | | | | | |
| - | | | | | | |
| v L | TEST DATA AND REQUEST FO | OR ALLOWABLE (Test must be as | ter recovery of total volume of lo | ad oil and must be equal to or exceed top allow- | | |
| | DIL WELL | able for this de | pth or be for full 24 hours) Producing Method (Flow, pump, | | | |
| | Date First New Oil Run To Tanks Date of Test | | Producing Method (From, pamp, | 300 10,0,000,000 | | |
| - | Length of Test | Tubing Pressure | Casing Pressure | Choke Size | | |
| | | | | Gas-MCF | | |
| | Actual Prod. During Test | Oil-Bbis. | Water - Bbls. | l Garage | | |
| 1_ | | L | | | | |
| | gas well | | | 1 | | |
| | Actual Prod. Tost-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Chipperinals (COM) | | |
| - | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-im) | Choke She DIST | | |
| | | | | | | |
| | I. CERTIFICATE OF COMPLIANCE | | MΔ | R 12 1579 | | |
| I | hereby certify that the rules and re | egulations of the Oil Conservation | I VILVOAFO | | | |
| Engineering & Production Service, Inc. (Title) | | | Original Signed by FRANK T. CHAVEZ DEPUTY OIL & GAS INSPECTOR, DIST. #3 | | | |
| | | | TITLE | L& ONS THE LETTIN, DIST. #5 | | |
| | | | 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 | | | |
| | | | | | | |
| | | | All sections of this fo | mm must be filled out completely for allow- | | |
| | | | able on new and recompleted wells. | | | |
| | | | | (Dat | •/ | well name or number, or tra- |
| | | | Separate Forms C-104 completed wells. | miner ne trien to: seem hone or commission | | |