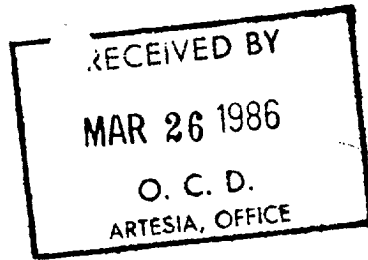


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

CO. BY COPIES RECEIVED	
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LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	



OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Dickson Petroleum, Inc.

Address P.O. Box 50160, Midland, Texas 79710

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership		

Begin to Transport Change in Transporter of

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Kimberly State</u>	Well No. <u>#1</u>	Pool Name, including Formation <u>Artesia ON-GR-SA</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>OG-103</u>
Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u>				
Line of Section <u>6</u> Township <u>18S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips 66 Natural Gas Company</u>	<u>P.O. Box 5400, Bartlesville, OK 74005</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	<u>Yes</u> <u>March 19, 1986</u>

If this production is commingled with that from any other lease or pool, give commingling order number: 3-18-86

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

Marlys Reynolds
(Signature)
Consultant
(Title)
March 25, 1986
(Date)

OIL CONSERVATION DIVISION
MAR 31 1986

APPROVED _____, 19 _____

BY Les A. Clements
Original Signed By
Supervisor District 11

TITLE _____

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 filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 12/16/85	Date Compl. Ready to Prod. 12/29/85	Total Depth 1750'				P.B.T.D. 1746'			
Elevations (DF, RKB, RT, CR, etc.) 3637' GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 1635'				Tubing Depth 1685'			
Perforations 1635' -- 1687' 12 holes						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	367'	300 sxs CI "C"
7 7/8"	5 1/2"	1746"	225 sxs Halliburton Lt.
			+ 100 sxs Class C

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 120	Length of Test 24 hours	Bble. Condensate/MMCF 120 MCF	Gravity of Condensate N/A
Testing Method (pilot, back pr.) Gas Meter & Orpheus	Tubing Pressure (Shut-in) 20#	Casing Pressure (Shut-in) 20#	Choke Size N/A