

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASJ. Felix Hickman
Operator

P.O. Box 12307 El Paso, Texas 79912

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Dry Gas ☒Casinghead Gas ☐Condensate ☐

Other (Please explain)

In case of change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
2	Blanco Mesaverde	State, Federal or Fee Federal	NM03556
Location			
1850	Feet From The N	Line and 790'	Feet From The W
Township 25N Range 3W, NMPM, Rio Arriba County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Pennion Corporation	P.O. Box 1702, Farm, N. Mex. 87401
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	P.O. Box 4289, Farm, N. Mex. 87499-4289
Well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit 3 Sec. 6 Twp. 25 Rge. 3	No

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
8-1-82	10-4-82	8150	8117					
Producing (Oil, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Producing RT	Blanco Mesaverde	5865	5993					
			Depth Casing Shoe					
			8150					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	220'	150 sx.
8 1/2"	7"	6300'	450 sx.
6 3/4"	4 1/2"	6140-8150	375 sx.
	2 1/4"	5993	

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)

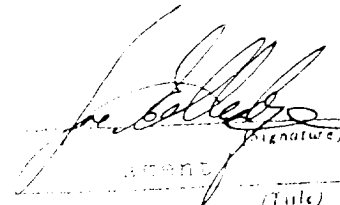
Test Type (Flow, Pump, Gas Lift, etc.)	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Flow Test			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
12 hours			
Oil Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
3 hours	Trace/3956 MCF/D	
Test Pressure (Shot-in)	Coating Pressure (Shot-in)	Choke Size
1210	1300	3/4 positive

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.


(Signature)
(Date)
11-6-82

OIL CONSERVATION DIVISION

APPROVED _____, 19__

BY _____

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 re-completed wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transportation or other such change of condition.

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