

## OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |     |
|------------------------|-----|
| NO. OF COPIES RECEIVED |     |
| DISTRIBUTION           |     |
| SANITARY               |     |
| FILE                   |     |
| U.S.D.E.               |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PROMOTION OFFICE       |     |

Operator  
Curtis J. LittleAddress  
P.O. Box 1258  
Farmington, NM 87499

Reason(s) for filing (Check proper box)

New Well ☐  
Recompletion ☐  
Change in Ownership ☐Change in Transporter of:  
Oil ☐  
Casinghead Gas ☐Dry Gas ☐  
Condensate ☐

Change of Operator

Other (Please explain)

If change of ownership, give name  
and address of previous owner

J. Felix Hickman, P.O. Box 12307, El Paso, TX 79912

## I. DESCRIPTION OF WELL AND LEASE

|  |               |   |  |                       |
|--|---------------|---|--|-----------------------|
| Lease Name<br>Schmitz  | Well No.<br>2 | Pool Name, Including Formation<br>Ojito Gallup-Dakota | Kind of Lease<br>State, Federal or Fee Federal | Lease No.<br>NM-03556 |
| Location<br>Unit Letter <u>E</u> : <u>1850</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>West</u><br>Line of Section <u>16</u> Township <u>25 North</u> Range <u>3 West</u> , NMPL, <u>Rio Arriba</u> County |               |   |  |                       |

## II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |   |                   |
|--|---|-------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Permian Corporation              | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 1702, Farmington, NM 87499     |                   |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/><br>Northwest Pipeline Corp. | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 1526, Salt Lake City, UT 84110 |                   |
| If well produces oil or liquids,<br>give location of tanks.  | Unit<br><u>E</u>  | Sec.<br><u>16</u> |
|  | Twp.<br><u>25</u>   | Rge.<br><u>3</u>  |
|  | Is gas actually connected? <u>yes</u> When <u>09/07/83</u>  |                   |

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

## V. COMPLETION DATA

|                                      |                             |          |                 |          |                   |           |             |            |
|--------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|-------------|------------|
| Designate Type of Completion - (X)   | Oil Well                    | Gas Well | New Well        | Workover | Deepen            | Plug Back | Same Res'v. | Diff. Res' |
| Date Spudded                         | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.          |           |             |            |
| Elevations (DT<br>3, RT, GR, etc.)   | Name of Producing Formation |          | Top Oil/Gas Pay |          | Tubing Depth      |           |             |            |
| Perforations                         |                             |          |                 |          | Depth Casing Shoe |           |             |            |
| TUBING, CASING, AND CEMENTING RECORD |                             |          |                 |          |                   |           |             |            |
| HOLE SIZE                            | CASING & TUBING SIZE        |          | DEPTH SET       |          | SACKS CEMENT      |           |             |            |
|                                      |                             |          |                 |          |                   |           |             |            |
|                                      |                             |          |                 |          |                   |           |             |            |
|                                      |                             |          |                 |          |                   |           |             |            |

VI. TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top oil  
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 lift, etc.) |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test        | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

## GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D          | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size            |

## I. 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  
above is true and complete to the best of my knowledge and belief.Kenna Tanaka  
(Signature)

AGENT

(Title)

11/27/84

(Date)

## 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 allow-  
able 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 multiple  
compleated wells.