Armyphate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

STATE OF THEM SHOWING Energy, Minerals and Natural Resources Department

ram Co See Instruction: at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM \$7410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	<u>I.</u>		TO TRA	ANSP	ORT OIL	AND NA	TURAL GA						
	Operator  UTCVC OTI 1 CAC TMC							<b>Well 7</b> 30	<b>NI No.</b> 0-045-25	834			
-	HICKS OIL & GAS, INC.		-										
_	P.O. Drawer 3307, Far	mingto	n, NM 8	37499	) 								
	Reason(s) for Filing (Check proper box)		<b>~</b> :	<b>T</b>		∐ Oth	es (Please expl	zuri)					
	New Well	Oil	Change in	Dry G							1		
į	Recompletion	Casinghe	_	Conder									
	If change of operator give name	Canagae		COBGE		<del>-1</del>				<del></del> .			
	and address of previous operator												
- ;	IL DESCRIPTION OF WELL	AND LE		De el Ni		ng Formation		Vind a	Lesse	1	ease No.		
	Lease Name BISTI STATE		1			llup Lowe	er		Federal or Fee LG3734				
	Location							Sta	ate	te			
	- Unit Letter E	Unit Letter E : 1980' Feet From The _ !					North Line and 660 Feet From The West Line						
L	Section 2 Township	25N		Range	137	J , NJ	мрм,	San Jua	ın	<del></del>	County		
٠.	III DESIGNATION OF TRAN	CDADTE	D OF O	TI AN	n Natti	DAT CAS							
-	Name of Authorized Transporter of Oil		or Condex		DIVATO	Address (Give	e address to wi	ich approved	copy of this f	orm is to be se	ent)		
	Meridian Oil T				لــا	Address (Give address to which approved copy of this form is to be sent)  P.O. Box 4289. Farmington, NM 87499							
	me of Authorized Transporter of Casinghead Gas or Dry				Gas	Address (Give	e address to wi	nich approved	copy of this form is to be sent)				
	If well produces oil or liquids,	Unit	Sec.	Twp	Roe	Is gas actually	v connected?	When	7				
	give location of tanks.	E	2	25N		No	y comicon.		•				
1	If this production is commingled with that i	from any oth	ner lease or			<u> </u>	жет:						
_]	IV. COMPLETION DATA							<b></b>		<u> </u>			
	Designate Type of Completion	- (X)	Oil Well	(	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
-	Date Spudded			Prod.		Total Depth	<u> </u>	<u> </u>	P.B.T.D.	<u>.                                    </u>			
-	The DVD DV CD						Pav		Tubing Depth				
	Elevations (DF, RKB, RT, GR, etc.)	tions (DF, RKB, RT, GR, etc.)  Name of Producing Formation				Top Oil/Gas I	<b>-</b> -		•				
	Perforations	orations							Depth Casin	Depth Casing Shoe			
╁		-	TIRING	CASII	VG AND	CEMENTO	NG RECOR	D					
1	HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT				
_		ONORTO DE TOURNO DE LA CONTROL											
_[									ļ				
1									<del> </del>				
Į	V. TEST DATA AND REQUES	T FOR	HOW	ARIE		l			L	<del> </del>			
	OIL WELL (Test must be after re	rovers of to	stal volume	of load o	oil and must	be equal to or	exceed top allo	wable for this	depth or be	for full 24 hou	rs.)		
	Date First New Oil Run To Tank	Date of Te		<del>-,</del>		Producing Me	thod (Flow, pu	στρ, gas lift, e	u P		W FIN		
						6 : 2			Città Size				
	Length of Test	Tubing Pressure				Casing Pressure			DEC1 41993				
1	Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			OIL COM. TIME					
·	GAS WELL				DIST. F								
Ē	Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conden	nu/MMCF		Gravity of C				
								• *	1				
ŀ	Testing Method (pitot, back pr.)	g Method (pitot, back pr.)  Tubing Pressure (Shut-in)				Casing Pressu	ire (Shut-is)		Choke Size				
	AT ODED ATOD CEDTICA	ATE OF	COM	TIAN	ICE	<del>ار</del>							
	VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION						
٠.	- Division have been complied with and t			r	EC 1 41002								
	is true and complete to the best of my k	Date Approved DEC 1 4 1993											
	// · 1/ /	A											
-	- from the	∥ By_		3	<u>) (2</u>	ann pro							
/	Jim Hicks	• SUPERVISOR DISTRICT #3											
-	Printed Name	F 0 F	227 //	Title		Title.					<u> </u>		
•-	Date 12/12/62	305	-327-49 Tele	phone N	lo.								
	14/15/75					11							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.







**Job separation sheet** 

District 8 4 NMOCLU I FILE PO Box 1908, Hobbs, NM 88241-1900 District II

PO Drawer DD, Artesia, NM 88211-9719

District III 1808 Rio Brazes Rd., Aztec, NM 87410 OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104 Revised February 21, 1994 Instructions on back Submit to Appropriate District Office STATE LEASE #LG3734

District IV PO Box 2008, S	ente Pe Mil	I 075AJ 1000			•					<b>□</b> .	amended re	POR 7			
l.	R	EQUES	FOR A	LLOWA	BLE AN	JA OF	THOR	IZAT	ION TO TE						
Operator masse and Address  Dugan Production Corp.										<sup>2</sup> OGRID Number 006515					
P.O. B	ox 420					CH - Ef				Ressen for Pling Code fective 1-1-95					
* *	Pl Number		<del></del> -	<del> </del>		Pool Nam	e				' Pool Cede				
<b>30 - 04</b> 5-25834 Bisti Lower Gal											05890				
'Pr	roperty Code	129	'Property Name Bisti State						Well Number						
II. 10 Surface Location										Lo lav					
Ut or lot so.	Section Township Range Lot.Idn Feet from 2 25N 13W - 198					1		San Jua							
		Hole Loc		<u> </u>	1 1 Joo										
UL or let so. Section		Township	Range	Lot Ida	Feet from	n the	North/Si	outh line	Feet from the	East/West	ine County	1			
<sup>11</sup> Lee Code	<sup>13</sup> Produci	ng Method Co	ode "Gas	Connection D	hate Is C	-129 Perm	it Number	<del>                                     </del>	C-129 Effective I	Date ,	17 C-129 Expiration	Date			
S		P					<u>-</u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
		<b>Franspor</b>				¥ 200	. 1	11 010		DOD ITIET	P. I. cartier				
Transpor OGRID	ter		Transporter l	<sup>34</sup> POD <sup>31</sup> O/G			22 POD ULSTR Location and Description								
009018	5	764 U.S	efining S. Highway 64 ton, NM 87401			3949/60									
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									DEC 2 3 1994						
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V Drodu	and Wa	<u> </u>								\$.7 cHG					
	POD				3	1 POD UL	STR Locat	ion and D	escription						
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	omplet id Date	ion Data	" Ready D	" TD			" PBTD		2º Perforations						
36 Hole Size			я (	ing Size	<sup>32</sup> Depth Set					<sup>33</sup> Sacks Cement					
I. Well			<u></u>	1			" Test Let				*C P				
<sup>54</sup> Date New Oil			elivery Date		Test Date			ngth	M Tog. Pressure		<sup>34</sup> Cag. Pressure				
<sup>66</sup> Choke Size			Oil	4 Water		a Gas		4 AOF		<sup>4</sup> Test Method					
I hereby certification in the the control of the the control of the the control of the	information peliaf.	given above is						L CO	NSERVATI	_	'ISION	}			
Signature: Printed name:	Jim I	L Jacob	ul	<del></del>		Approved	. оу:	SUP	ア? ERVISOR	•	CT #3				
Title: Vice-President  Date: 12/20/94 Phone: 325-					Approval Date:				DEC 2 3 1994						
" If this is a ch		utor fill in th	<u> </u>		ie of the previ	ous operat	or				,	뻭			
										ar.i	n .				
01	Previous 0	perator Signa	lure /	// /		Printe	Name FICKS		Parsia Hiers O.	Elas I	Date Trec, 12/20/	94			
			<del></del>							- ,	/ 7				