

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

I. Operator
HICKS OIL AND GAS, INC.
Address
P.O. BOX 174, FARMINGTON, New Mexico 87401
Reason(s) for filing (Check proper box)
New Well: ☐ Change In Transporter of:
Recompletion: ☐ Oil ☐ Dry Gas ☐
Change In Ownership: ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner
Hicks Enco, Inc., P. O. Box 174, Farmington, New Mexico 87401

II. DESCRIPTION OF WELL AND LEASE
Lease Name: SOUTHEAST CHA CHA UNIT Well No.: 5 Pool Name, Including Formation: Cha Cha Gallup Kind of Lease: State, Federal or Fee: Federal SF Lease No.: 078072
Location
Unit Letter: N 810 Feet From The: South Line and: 2377 Feet From The: West
Line or Section: 7 Township: 28N Range: 13W, NMFM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil: *Perman Transportation* or Condensate: *PLA* Address (Give address to which approved copy of this form is to be sent): *Box 1183 - Houston, Texas 77001*
Name of Authorized Transporter of Casinghead Gas: ☐ or Dry Gas: ☐ Address (Give address to which approved copy of this form is to be sent):
If well produces oil or liquids, give location of tanks: Unit: Sec.: Twp.: Rge.: Is gas actually connected? When:

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)
Date Spudded: Date Compl. Ready to Prod.: Total Depth: P.B.T.D.:
Elevations (DF, RKB, RT, CR, 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:

V. 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 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 - Bbls.: Water - Bbls.: Gas - Bbls.:
GAS WELL
Actual Prod. Test - MCF/D: Length of Test: Bbls. Condensate/MMCF: Gravity of Condensate:
Testing Method (pitot, back pr.): Tubing Pressure (shut-in): Casing Pressure (shut-in): Choke Size:

VI. CERTIFICATE OF COMPLIANCE
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
[Signature] (Signature)
President (Title)
7/28/81 (Date)
OIL CONSERVATION COMMISSION
APPROVED: _____, 19____
BY: *Original Signed by FRANK T. CHAVEZ*
SUPERVISOR DISTRICT # 3
TITLE: _____
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepener 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.