- 1	NO. OF COPIES RECEIVED											
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ŀ	DISTRIBUTION			<del> </del>	NEW MEXICO OIL				CONSERV			
ļ	SANTA FE						REQU	JEST	FOR AL			
ļ	FILE								AND			
ļ	U.S.G.S.			L_I	AUTHO	ORIZA	TION TO	TR.	ANSPORT			
l	LAND OFFICE											
l	TRANSPORTER	OIL GAS										
ŀ	OPERATOR			-								
ľ	PRORATION OFFICE			<del>                                      </del>								
ľ	Operator											
l	HICKS OIL	AND	CAS	TNIC								
ŀ	Address	AND	GHO	, <u>114C</u> ,								
l	P.O. BOX	71	FAD	MINCTO	NT MIRIN	MEVI		101				
	Reason(s) for filing	(Check	proper	r boxi	N. INEW	MEAT	.00 07	<u>401</u>				
	New Well			•	Change is	n Transr	norter of:					
	Recompletion	Ħ			011		$\overline{}$	Change in Transporter of:				
		=							as			
	Change in Ownership	$\mathbf{K}\mathbf{X}$			Casinghe	ad Gas	<del>芦</del>	Dry G Conde	as			
						ad Gas	<del>芦</del>	•	7			
	Change in Ownership  If change of owners and address of prev	hip gi				ad Gas	<del>芦</del>	•	7			
	If change of owners and address of prev	hip gi ious c	wner.		Casinghe	ad Gas	<del>芦</del>	•	7			
1	If change of owners	hip gi ious c	wner.		Casinghe SE		<del>芦</del>	Conde	insate			
	f change of owners and address of prev	hip gi ious c	LL A	ND LEA	Casinghe SE	Pool N	ame, Inclu	Conde	ormation			
	If change of owners and address of prev DESCRIPTION O	hip gi ious c	LL A	ND LEA	Casinghe  SF  Well No.	Pool N	<u> </u>	Conde	ormation			
	f change of owners and address of prev DESCRIPTION O Lease Name SOUTHEAST	hip gi ious c	LL A	ND LEA	SE Well No.	Pool N	ane, Inclua	Conde	onsate			
	If change of owners and address of previous DESCRIPTION Of Lease Name  SOUTHEAST Location  Unit Letter	hip gi ious c F WE CHA	LL A	ND LEA	SE Well No. 3	Pool N	ane, Inclua	ding f	formation			
	Of change of owners and address of previous previous Control of Section Sectio	hip gi ious c F WE CHA	CHA	ND LEA  UNIT  1812  Township	SE Well No. 3 Feet Fro	Poel N Ch	ane, Include a Cha South	ding f Gall Line	formation lup			
	If change of owners and address of previous previous Southeast Location  Unit Letter  Line of Section Control	hip gi ious c F WE CHA L	CHA  CHA  ANSP	ND LEA  UNIT  1812  Township	SE Well No. 3 Feet Fro 28N OF OIL	Poel N Ch	ane, Include a Cha South	ding f Gall Line	formation lup ne and 60			
	Of change of owners and address of previous previous Control of Section Sectio	hip gi ious c F WE CHA L B	CHA  CHA  ANSP	UNIT  1812  Township  ORTER	SE Well No. 3 Feet Fro 28N OF OIL	Poel N Ch	ane, Include a Cha South	ding f Gall	formation lup			

	DISTRIBUTION	NEW MEXICO OIL	NEW MEXICO OIL CONSERVATION COMMISSION										
	SANTA FE	REQUEST	FOR ACLOWABLE	Form C-104 Supersedes Old C-104 and C-11									
	FILE		ANØ	Effective 1-1-65									
	U.S.G.S.	AUTHORIZATION TO TRA	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS										
	LAND OFFICE												
	TRANSPORTER OIL												
	OPERATOR GAS												
	<del></del>												
1.	PRORATION OFFICE Operator												
	HICKS OIL AND GAS, INC.												
	P.O. BOX 174, FARMINGTON, NEW MEXICO 87401  Reason(s) for filing (Check proper box)  Other (Please explain)												
	New Well Change in Transporter of:												
	Recompletion Oil Dry Gas												
	Change in Ownership XX	<b>₩</b>	F-1										
	Change in Ownership XX Casinghead Gas Condensate												
	If change of ownership give name												
	and address of previous owner		· · · · · · · · · · · · · · · · · · ·										
11	DESCRIPTION OF WELL AND	TEACE											
•••	Lease Name   Well No.   Pool Name, Including Formation   Kind of Lease   Lease												
	SOUTHEAST CHA CHA U	NIT 3 Cha Cha Gall	st st	ate, Federal or FeeFederal SF 077968									
	Location	ona ona dari	<u> </u>	rederal Sr   077968									
	Unit Letter L . 1	812 Feet From The South Lir	660	NP 4									
	Unit Letter;i	Feet From The South Lin	ne and 000	Feet From The WESt									
	Line of Section 8	ownship 28N Range 1	L3W , NMPM,	Carry Y									
	Efficient of the	ownship 2014 Runge 1	LJW , NMPM,	San Juan County									
77	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	N.C.										
	Name of Authorized Transporter of O	· · · · · · · · · · · · · · · · · · ·		phich approved copy of this form is to be sent)									
	PERMIAN CORPORATION	<del></del>		TON, TEXAS 77001									
	Name of Authorized Transporter of C	astnghead Gas or Dry Gas		phich approved copy of this form is to be sent)									
	,												
		Unit Sec. Twp. P.ge.	is gas actually connected?	When									
	If well produces oil or liquids, give location of tanks.		,	1									
			<del></del>	<del> </del>									
13.7	· -	with that from any other lease or pool,	give commingling order nu	ımber:									
· ¥ .	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Plug Back Same Res'v. Diff. Res'v.									
	Designate Type of Complet:	ion = (X)	1 1										
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.									
		•	•										
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth									
	(21, 111, 117, 011, 122.)		,	,,									
	Perforations			Depth Casing Shoe									
	TUBING, CASING, AND CEMENTING RECORD												
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT									
	11002 3.22	0.0000 0.00000 0.000											
<b>1</b> ,	TECT DATA AND BEOLIEST I	COP ALLOWARIE (Test must be	(han an annuary of annual syntyma	of load oil and must be equal to or exceed top allow									
٧.	TEST DATA AND REQUEST FOIL WELL		epth or be for full 24 hours)	of toda off and mass of equal to or exceed top association									
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, p	ump, gas lift, etc.)									
	Length of Test	Tubing Pressure	Casing Pressure	Chok President									
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	ge Not Lil 1									
	•												
I.				AUG 3 - 1981									
	GAS WELL			OIL CON. COM									
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Cavity of Condensate									
				DIST 3									
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in )	Casing Pressure (Shut-in	Choke Jac									
71	CERTIFICATE OF COMPLIAN	VCE	OIL CO	NSERVATION COMMISSION									
VI.	CERTIFICATE OF COMPLIAN	(CE	012 00	In 11 ( Server and Ser									
			APPROVED										
	I hereby certify that the rules and Commission have been complied	regulations of the Oil Conservation with and that the information given											
	above is true and complete to th	ne best of my knowledge and belief.	BY										
				subjects of other 👑 3									
	,		BYSUBJECTED # 3										
	and the second		This form is to be	filed in compliance with RULE 1104.									
	Michigan		If this is a secure	t for allowable for a newly drilled or deepened									
		nature)	I was the form must be	accompanied by a tabulation of the deviation in accordance with NULE 111.									
	PRESIDENT		tests taxen on the well	is form must be filled out completely for allow									
	(T	itle)	able on new and recor	npieted wells.									
	7/28/81		Fill out only Sections I II. III. and VI for changes of owner.										
		Pate)	weil name or number, o	r transporter or other such change of condition.									

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.