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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 1004
Revised 1-78
Oil Conservation Division

Operator <u>Hicks Oil & Gas, Inc.</u>			
Address <u>P.O. Drawer 3307 - Farmington, New Mexico 87499</u>			
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well ☐	Change in Transporter of:		
Recompletion ☐	Oil ☒	Dry Gas ☐	Effective Date July 1st, 1985
Change in Ownership ☐	Casinghead Gas ☐	Condensate ☐	

If change of ownership give name and address of previous owner: _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Southeast Cha Cha Unit</u>	Well No. <u>3</u>	Pool Name, Including Formation <u>Cha Cha Gallup</u>	Kind of Lease State, Federal or Free <u>Federal SF</u>	Lease No. <u>077969</u>
Location Unit Letter <u>I</u> : <u>1812'</u> Feet From The <u>South</u> Line and <u>660'</u> Feet From The <u>West</u> Line of Section <u>8</u> Township <u>28N</u> Range <u>13W</u> , NMPM, <u>San Juan</u> County				

II. 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.) <u>P.O. Box 1320 - Farmington, New Mexico 87499</u>					
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.	Pge.	Is gas actually connected?	When

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Other
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.S.T.D.			
Elevations (DF, RKB, 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

IV. TEST DATA AND REQUEST FOR ALLOWABLE ON WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed the allowable for this depth or be for full 24 hours)

Test Type (New Oil, Plug Back, etc.)	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 WELL			
Actual Prod. Test (Mcf)	Length of Test	Water - Bbls. (if any)	Choke Size (if any)
Tubing Pressure (Shut-In)	Tubing Pressure (Shut-In)	Tubing Pressure (Shut-In)	Choke Size

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JUN 24 1985
OIL CON. DIV.
DIST. 3

V. 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 is true and complete to the best of my knowledge and belief.

HICKS Oil & Gas, Inc.

President

OIL CONSERVATION COMMISSION

JUN 24 1985

APPROVED _____
BY _____
TITLE _____ SUPERVISOR DISTRICT # 8

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 1104.

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 production unit.