

## OIL CONSERVATION DIVISION

Form C-104  
Revised 10-1-78

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

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

Operator  
Fairmount Oil Company, Inc.  
Address  
3004 Fairmount Street, Dallas, Texas 75201

OCT 24 1983

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)

OIL CON. DIV.  
DIST. 3If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name HICKMAN	Well No. 1	Pool Name, including Formation Meadows Gallup	Kind of Lease State, Federal or Fee	Fee	Lease No. None
Location Unit Letter <u>B</u> ; <u>510</u> Feet From The <u>N</u> Line and <u>1650</u> Feet From The <u>E</u> Line of Section <u>10</u> Township <u>29N</u> Range <u>15W</u> , NMPM, San Juan County					

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

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>GIANT REFINING COMPANY</u> <u>CST</u>	Address (Give address to which approved copy of this form is to be sent) <u>p o box 256, Farmington, New Mexico 87499</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Gulf Energy</u> <u>GF</u>	Address (Give address to which approved copy of this form is to be sent) <u>P O BOX 32999, San Antonio, Tx 78216</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>B</u>	Sec. <u>10</u>	Twp. <u>29N</u>	Rge. <u>15W</u>	Is gas actually connected? <u>no</u>	When

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

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>6/28/83</u>	Date Compl. Ready to Prod. <u>8/19/83</u>	Total Depth <u>4450'</u>	P.B.T.D. <u>4385'</u>					
Elevations (DF, RKB, RT, CR, etc.) <u>5131 RT, 5119'GL</u>	Name of Producing Formation <u>Meadows Gallup</u>	Top Oil/Gas Pay <u>4154'/same</u>	Tubing Depth <u>4132'</u>					
Perforations <u>4154' - 4344' Gallup</u>	Depth Casing Shoe <u>4416'</u>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12 1/4"</u>	<u>8 3/8", 23# X-42</u>	<u>220KB</u>	<u>223CF</u>					
<u>7 7/8"</u>	<u>4 1/2", 10.5# J-55</u>	<u>3863'</u>						
<u>"</u>	<u>4 1/2", 11.6# K-55</u>	<u>559'</u>	<u>2706CF</u>					
<u>4.0"</u>	<u>2 3/8", 4.7# J-55</u>	<u>4132'</u>	<u>None</u>					

V. TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL

(Test must be after recovery of total volume of lead 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 <u>9/1/83</u>	Date of Test <u>9/23/83</u>	Producing Method (Flow, pump, gas lift, etc.) <u>PUMPING</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>0 psi</u>	Casing Pressure <u>200 psi</u>	Choke Size <u>none</u>
Actual Prod. During Test <u>7.0 bbls</u>	Oil - Bbls. <u>7.0</u>	Water - Bbls. <u>-</u>	Gas - MCF <u>20</u>

## GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

OIL CONSERVATION DIVISION  
OCT 24 1983

APPROVED \_\_\_\_\_, 19

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

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 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.