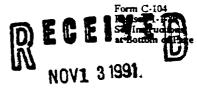
Submit 5 Cooies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088



DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION OIL CON. DIV.

•	TC	TRANS	PORT OIL	TAN DNA	URAL GAS	5	DIS	*. •? —————	<del></del>	
Operator ROBERT R. CLICK							Well API No. 30-045-24746			
SUITE 230 PECAN CF	REEK, 823	O MEADO	W ROAD, D	ALLAS,	rx 75231					
leason(s) for Filing (Check proper box)  lew Well  lecompletion  Change in Operator  Change of operator give name		nange in Tran	sporter of:		: (Please expiai)	n)				
ad address of bisacions obsizios.									<del></del>	
L DESCRIPTION OF WELL AND LEASE  Lease Name   Well No.   Pool Name, Including Formation   TALIAFERRO   5M   BASIN DAKOTA							Kind of Lease Lease No. State, Federal or Fee SF078244			
Location Unit LetterI	: 1730	) Fee	x From The _S(	OUTH_Line	and <u>820</u>	F <del>oc</del>	t From The _	EAST	Line	
Section 30 Townshi	31N	Ra	nge 12W	, NI	ирм, SAN	JUAN			County	
III. DESIGNATION OF TRAN	ISPORTER	OF OIL	AND NATUI	RAL GAS			·			
Name of Amhorized Transporter of Oil GIANT REFINING CO.	°	r Condensate	X	P. O.	BOX 256,	FARMIN	GTON, NY	1 87499-	0256	
ame of Authorized Transporter of Casinghead Gas or Dry Gas AA A EL PASO NATURAL GAS CO.					Address (Give address to which approved copy of this form is to be sent) P. O. BOX 4990, FARMINGTON, NM 87499-4990					
If well produces oil or liquids, give location of tanks.	I		31N 12W	ls gas actuail		When	?			
If this production is commingled with that	from any other	lease or poo	L, give comming	ing order num	ber:			<del> </del>		
IV. COMPLETION DATA		Oil Well	Gas Weil	New Weil	Workover	Deepen	Plug Back	Same Res v	Diff Res'v	
Designate Type of Completion		Date Compi. Ready to Prod.			Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	xiucing Form	atiog	Top Oil/Gas Pay			Tubing Depth			
Pertorations								Depun Casing Shoe		
		IRING C	ASING AND	CEMENT	NG RECOR	ND .	1			
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
	_									
V. TEST DATA AND REQUI	EST FOR A	LLOWAI	BLE	t be equal to a	or exceed top ai	lowable for th	is pook airbe	ion full 24 lleo	***	
OIL WELL (Test must be after Date First New Oil Run To Tank					Producing Method (Flow, pump, gas lift, a			10		
Length of Test	Tubing Pre	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gar MF			
GAS WELL				Into- C-			Gravity of	Concensate		
Actual Prod. Test - MCF/D	Length of	Test		Bbis. Concensate/MMCF			•• •			
Testing Method (puot, back pr.)	Tuoing Pro	ssure (Shut-	n)	Casing Pressure (Shut-in)			Choke Siz			
VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Da	Date Approved					
fenneth E. Cried					By 3.1) A					
Signature KENNETH E. RODDY, AGENT FOR ROBERT R. CLICK					Title SUPERVISOR DISTRICT #3					
Printed Name NOVEMBER 11, 1991			325-5866		ie					
Date		icic	hrane ran-	- 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.