	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OIL GAS OPERATOR PROBATION OFFICE	REQUEST FO	ISERVATION COMMISSION OR ALLOWABLE AND SPORT OIL AND NATURAL GAS	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-85	
	Charles W. Hicks Address <u>1314 North Richards</u> Reason(s) for filing (Check proper box) New We!! Recompletion Change in Ownership If change of ownership give name and address of previous owner	Son, Roswell, New Mexico Change in Transporter of: Oil Dry Gas Casinghead Gas Condense	X		
n.	DESCRIPTION OF WELL AND LA Legse Name Amerada Federal	EASE K 5/80 7/62 Well No. Pool Name, Including Form 1 Double L Queen	mation Kind of Lease	Dr Fee Federal NM 0199827-A	
	Location Unit Letter N; 610 Line of Section 5 Town	Feet From The South Line			
111.	DESIGNATION OF TRANSPORT	or Condensate	Madiana (othe andreas to million approved only of and t		
	If well produces oil or liquids,		Address (Give address to which approve P.O. Box 6697, Roswell, Is gas actually connected? When No	New Mexico 88201	
	give location of tanks. If this production is commingled with	that from any other lease or pool, g			
IV.	COMPLETION DATA Designate Type of Completion	n – (X) Oil Well Gas Well XX	New Well Workover Deepen XX	Plug Back Same Res'v. Diff. Res'v.	
	-	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	10-7-74 Elevations (DF, RKB, RT, GR, etc.)	12-16-74 Name of Producing Formation	2080' Top Oil/Gas Pay	Tubing Depth 2019'	
	3922' GR	Queen	2057'	Depth Casing Shoe	
	Complete open hole	2057'to 2073' TUBING, CASING, AND	CEMENTING RECORD	2042'	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	11"	28 & 32#	460'	125 50 & 2% CaCl <sub>2</sub>	
	8" Tubing	<u>14#</u> 4.7#	2042' 2019'		
v	TEST DATA AND REQUEST FO	DR ALLOWABLE (Test must be of	ter recovery of total volume of load oil a	ind must be equal to or exceed top allow-	
·	OII. WELL Date First New Oil Bun To Tanks	able for this dep Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas life	be for full 24 hours) ucing Method (Flow, pump, gas lift, etc.)	
	Length of Teet	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bble.	Water - Bbls.	Gas - MCF	
	GAS WELL	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D	1/2 hour	None		
	3000 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Back pressure	780	Packer	Open	
VI	CERTIFICATE OF COMPLIAN				
		regulations of the Oli Conservation with and that the information given best of my knowledge and belief.			
	Charles W. 1fic		TITLE 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 participes of this form must be filled out completely for allow-		

 January 3

All sections of this form must be filled out completely for allow-able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporten or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.

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VZO S 1875 UIL CONSERVATION COMM. HOBBS, N. M.