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

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

l.	1	OTHA	NOF	OHIOIL	AND NA	TURAL GA					
Operator	Well API No.										
Hixon Development Company Address					<del></del>	30-039-24373					
PO Box 2810, Farmingt	on, New	Mexic	20	87499							
Reason(s) for Filing (Check proper box)			, ,		Oth	er (Please expla	iin)			<del> </del>	
New Well	Oil	Change in	Transp Dry G								
Recompletion											
Change in Operator	Casinghead	Gas	Conde	nsate	~						
if change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL A	AND LEA	SE								•	
ase Name Well No. Pool Name, Including					ng Formation Kind of			Lease No.			
Missy								Federal or Fee			
Location											
Unit LetterN	_ :330	)· 	Feet F	from The	outh Lin	23 c and	10 Fe	et From The	West	Line	
S	251	J		3W		Ri	o Arrib.	2			
Section Township	) 231	· · · · · · · · · · · · · · · · · · ·	Range		, N	MPM, ICI	O ALLID			County	
III. DESIGNATION OF TRANS	ישיים		T 43	ודידי גובר רוב	DAT CAS						
Name of Authorized Transporter of Oil	XX)	or Conden		NATO		ve address to wh	hich approved	copy of this !	form is to be se	ent)	
Ciniza Pipeline	FO Box 1887, Bloomfield, N.M. 87413										
Name of Authorized Transporter of Casinghead Gas						Address (Give address to which approved copy of this form is to be sent)					
Hixon Development Company					PO Box 2810, Farmington, N.M. 87499						
If well produces oil or liquids, give location of tanks.		Twp.	Rge.								
<u></u>	<u>  K  </u>	35	25N	<del></del>	Yes	1	Sep	tember	11, 1989		
If this production is commingled with that f IV. COMPLETION DATA	rom any out	er lease or p	pool, gi	ive comming	iing order num						
. Colin BELLOI BILLI		Oil Well	.	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	- (X)	i	i		i						
Date Spudded	Date Comp	ompl. Ready to Prod.			Total Depth			P.B.T.D.			
					- XU-X		<del> </del>				
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
1 Circumons								Dopin Casin	ig onoc		
	Т	URING	CASI	ING AND	CEMENTI	NG RECOR	D			- · · · · · · · · · · · · · · · · · · ·	
HOLE SIZE CASING & T					DEPTH SET			SACKS CEMENT			
					<del></del>						
								071	W B'G	3	
					THE EVEN SHIP						
V. TEST DATA AND REQUES	T EOD A	LLOWA	DIE	<del></del>	<u> </u>		123	l		<u> </u>	
OIL WELL (Test must be after re	I FUR A	ial valume i	MLE of load	oil and muss	he equal to a	erceed top allo	mable for his	R2 6.19	190 Tor Tull 24 hou	re )	
Date First New Oil Run To Tank  Date of Test						be equal to or exceed top allowable for this depth of be for full 24 hours.)  Proxlucing Method (Flow, pump, gas lift, etc.)					
						•	A MIL				
Length of Test	of Test Tubing Pressure				Casing Pressure Water - Bbis.			Gas-MCF			
				<del></del>							
Actual Prod. During Test Oil - Bbls.											
M-M	<u></u>	·····						<u> </u>			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
Facting Mathod (nite), back 1	Tubing Pres	Com (Shir	(n)		Casing Press	urn (Shut-in)		Choke Size			
Testing Method (pitot, back pr.)	Tuoing Fie	soure (SHUL-	<i>)</i>		Casing Fices	are (pitter-tit)		C.O. 0120			
OT ODED ATOD CEDATETO	V THE OT	COX 4D	7 7 4 7	NCE	\			<u> </u>			
VI. OPERATOR CERTIFICATE OF COMPLIANCE  1 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						APR 2 6 1990					
is true and complete to the best of my k					Date	Approve	d	77 A D	1330		
60011/4											
Simplify dellery					By Bir) Chang						
Aldrich L. Kuchera President					SUPERVISOR DISTRICT #3						
Printed Name 4 1990 (505) 326-3325					Title						
9 pr 11 N A 1444	( )	JJJ JL	· ·		11						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.