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OPERATOR		1
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
HIXON DEVELOPMENT COMPANY
Address
341 MILAM BUILDING SAN ANTONIO, TEXAS
Reason(s) for filing (Check proper box)
New Well ☐ Charge in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner
SUN OIL COMPANY Box 2880 Southland Center, Dallas, Texas

II. DESCRIPTION OF WELL AND LEASE
Lease Name
CENTRAL BISTI UNIT GI 14 BISTI LOWER GALLUP
Kind of Lease
State, Federal or Private
Lease No.
Location
Unit Letter G 1980 Feet From The N Line and 1980 Feet From The E
Line of Section 8 Township 25 Range 12 NMPM, SAN JUAN County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐
SHELL PIPELINE CORP.
Address (Give address to which approved copy of this form is to be sent)
1215 S. LAKE AVE. FARMINGTON N. M.
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
EL PASO NATURAL GAS CO.
Address (Give address to which approved copy of this form is to be sent)
B. REILLY HEIGHTS FARMINGTON N. M.
If well produces oil or liquids, give location of tanks.
Unit C Sec. 5 Twp. 25 Rge. 12
Is gas actually connected? YES 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'ty. ☐ Diff. Res'ty. ☐
Date Spudded
Date Compl. Ready to Prod.
Total Depth
P.S.T.D.
Elevations (DF, R&B, RT, GR, etc.)
Name of Producing Formation
Top Oil/Gas Pay
Testing Depth
Perforations
Depth From Surface
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE
CASING & TUBING SIZE
DEPTH SET
SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load 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
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-MCF

GAS WELL
Actual Prod. Test-MCF/D
Length of Test
Bbls. Condensate MCF
Gravity of Condensate
Testing Method (pitot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
Signature
EARTH SCIENCES COMPANY AGENT
MAY 1, 1971
OIL CONSERVATION COMMISSION
JUL 28 1971
APPROVED
BY Original Signed by Emery C. Arnold
TITLE SUPERVISOR DIST. #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.