

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Hixon Development Company

P.O. Box 2810, Farmington, New Mexico 87499

RECEIVED

MAR 14 1984

OIL CON. DIV.
DIST. 3

Reason(s) for filing ((check proper box))

Change in Transporter of:
Oil ☒ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name: Central Bisti Unit Well No.: 55 Pool Name, including Formation: Bisti Lower Gallup Kind of Lease: State, Federal or Free Federal Lease No.: SF078056

Location: Unit Letter: 0 : 660 Feet From The south Line and 1980 Feet From The east
Line of Section: 6 Township: 25 North Range: 12 West NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent): P.O. Box 940, Bloomfield, New Mexico 87413
Ciniza Pipeline
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent): P.O. Box 990, Farmington, New Mexico 87499
El Paso Natural Gas Company

If well produces oil or liquids, give location of tanks.

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

COMPLETION DATA

Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug back Some Rest. Diff. Rest.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed test allowable for this depth or be for full 24 hours)

OIL WELL
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 Quantity of Condensate
Tubing Pressure (start-to) Casing Pressure (start-to) Choke Size

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.

Charles Gholson
Petroleum Engineer
(Title)
3/8/84
(Date)

OIL CONSERVATION DIVISION

APPROVED: MAR 14 1984
Original Signed by CHARLES GHOLSON
BY: DEPUTY OIL & GAS INSPECTOR, DIST. #3
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 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 Form C-104 must be filed for each pool in multiply completed wells.