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PRORATION OFFICE	

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

Operator	HIXON DEVELOPMENT COMPANY, INC.	
Address	341 MILAM BUILDING, SAN ANTONIO, TEXAS	
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well	<input type="checkbox"/>	Change In Transporter of:
Recompletion	<input type="checkbox"/>	Oil <input type="checkbox"/>
Change In Ownership	<input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
		Dry Gas <input type="checkbox"/>
		Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner SUN OIL COMPANY Box 2880 SOUTHLAND CENTER, DALLAS, TEXAS

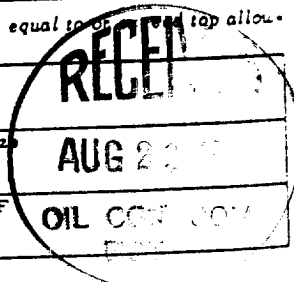
DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name	Well No.	Pool Name, Including Formation
CENTRAL BISTI UNIT	59	BISTI LOWER GALLUP
Kind of Lease	State, Federal or Fee	
Location		
Unit Letter	M	: 660 Feet From The SOUTH Line and 660 Feet From The WEST
Line of Section	3	Township 25 Range 12, NMPM, SAN JUAN County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	1215 S. LAKE AVE. FARMINGTON, N.M.		
SHELL PIPELINE CORP.	Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	B. REILLY HEIGHTS FARMINGTON, N.M.		
EL PASO NATURAL GAS CO.	Is gas actually connected? When		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	C	5	25N 12W
			YES

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations			Depth Casing Shoe						
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 greater than the volume of oil allowed 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		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION AUG 23 1971	
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.		APPROVED _____, 19____	
BY <u>George G. Arnold</u>		TITLE <u>SUPERVISOR DIST. #3</u>	
<u>George G. Arnold</u> (Signature)		This form is to be filed in compliance with RULE 1104.	
EARTH SCIENCES COMPANY AGENT (Title)		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.	
AUGUST 19, 1971 (Date)		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 Forms C-104 must be filed for each pool in multiply completed wells.	