

OIL CONSERVATION DIVISION

P. O. BOX 7088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOperator
Hixon Development Company

Address

P.O. Box 2810, Farmington, New Mexico 87401

Products for filing (check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Well name changed from WI-12 to CBU #10

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name CBU	Well No. 10	Pool Name, including Formation Bisti Lower Gallup	Kind of Lease State, Federal or Fee	Lease No. 14-20-603-321
Location Unit Letter <u>K</u> : <u>1880</u> Feet From The <u>south</u> Line and <u>1880</u> Feet From The <u>west</u> Line of Section <u>4</u> Township <u>25 North</u> Range <u>12 West</u> , NMPM, San Juan County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 2648, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 5	Twp. 25N	Rge. 12W	Is gas actually connected? no	When

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 5-19-58	Date Compl. Ready to Prod. 6-2-58		Total Depth 4961'		P.B.T.D. 4945'			
Elevations (DF, RKB, RT, GR, etc.) 6144' KB	Name of Producing Formation Lower Gallup		Top Oil/Gas Pay 4900'		Tubing Depth 4932'			
Perforations 4900'-4932'					Depth Casing Shoe 4960'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8	300'	150
7-7/8	5-1/2	5000'	400

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 5-27-81	Date of Test 5-27-81	Producing Method (Flow, pump, gas lift, etc.) flowing intermittently	
Length of Test 3 hours	Tubing Pressure 42 psig	Casing Pressure 72 psig	Choke Size -----
Actual Prod. During Test 22	Oil-Bbls. 0.7 BOPD	Water-Bbls. 0	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	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.

TITLE SUPERVISOR DISTRICT # 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

(Signature)

Aldrich L. Kuchera - Petroleum Engineer

(Title)

June 8, 1981

(Date)

OIL CONSERVATION DIVISION
JUN 10 1981
APPROVED
DIST. 3

Original Signed by FRANK I. CHAVEZ