

Oil Conservation Division
Form C-104
Request for Allowable
and
Authorization to Transport Oil and Natural Gas

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Hixon Development Company
Address P.O. Box 2810, Farmington, New Mexico 87499
Reason(s) for filing (check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
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 14-20-603-321 Lease No.
Location
Unit Letter K : 1880 Feet From The South Line and 1880 Feet From The West
Line of Section 4 Township 25N Range 12W, 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)
Ciniza Pipeline P.O. Box 940, Bloomfield, N.M. 87413
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company P.O. Box 990, Farmington, N.M.
Is well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
C 5 25N 12W Yes 10/27/84

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 Same Res'v. Diff. Res'v.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Deviation (DF, RAB, RT, CR, 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

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 (Flow, 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.
Kerue C Delventhal
Petroroleum Engineer
November 1, 1984
OIL CONSERVATION DIVISION
APPROVED NOV 02 1984
BY SUPERVISOR DISTRICT #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 Forms C-104 must be filed for each pool in multiply completed wells.