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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

Operator HIXON DEVELOPMENT COMPANY, INC.	
Address 341 MILAM BUILDING SAN ANTONIO, TEXAS	
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)	

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 <u>WT</u>	Well No. <u>WT 2</u>	Pool Name, including Formation BISTI LOWER GALLUP	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter <u>E</u>	<u>1980</u>	Feet From The <u>N</u>	Line and <u>660</u>	Feet From The <u>W</u>
Line of Section <u>6</u>	Township <u>25N</u>	Range <u>12W</u>	NMFL	SAN JUAN County

III. 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) SHELL PIPELINE CORP. 1215 S. LAKE AVE. FARMINGTON N.M.					
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 CO. B. REILLY HEIGHTS FARMINGTON N.M.					
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>5</u>	Twp. <u>25N</u>	Rge. <u>12W</u>	Is gas actually connected? <u>YES</u>	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'v.	Diff. Res'v.
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 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, 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/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

George J. Pappas
(Signature)

EARTH SCIENCES COMPANY AGENT

(Title)

MAY 1, 1971

(Date)

OIL CONSERVATION COMMISSION
JUL 28 1971

APPROVED _____, 19____

BY Original Signed by Emory 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.