

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-11
 Effective 1-1-65

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
DATE FILED	1/1
FILE NO.	1/1
U.S. NO.	
LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	/
PRODUCTION OFFICE	/

OPERATOR
 HIXON DEVELOPMENT COMPANY

Address
 341 MILAM BUILDING SAN ANTONIO, TEXAS

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Recombination Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

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 <u>CENTRAL BISTI UNIT</u>	Well No. <u>53</u>	Pool Name, including Formation <u>BISTI LOWER GALLUP</u>	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter <u>G</u>	<u>1979</u> Feet From The <u>N</u> Line and <u>1980</u> Feet From The <u>E</u>			
Line of Section <u>5</u>	Township <u>25N</u>	Range <u>12W</u>	NMPM, <u>SAN JUAN</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

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

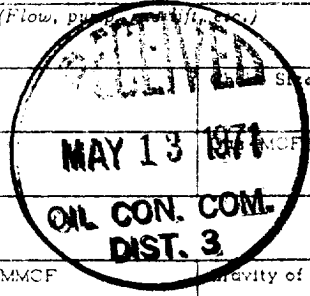
IV. COMPLETION DATA

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	TUBING, CASING, AND CEMENTING RECORD						Depth Casing Shoe	
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, pressure, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.



GAS WELL

Actual Prod. Test - MMCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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 E. Payne Jr.
 (Signature)

EARTH SCIENCES COMPANY AGENT

MAY 1, 1971
 (Date)

OIL CONSERVATION COMMISSION

JUL 28 1971

APPROVED _____, 19 _____

BY Original Signed by Emery C. Arnold
 SUPERVISOR DIST. # _____

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.