

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 REQUESTED	5
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRODUCTION OFFICE	

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

Reasons for filing (Check proper box) Other (Please explain)

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

If change of ownership give name **SUN OIL COMPANY** Box 2880 Southland Center, Dallas, Texas and address of previous owner

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name	Year No.	Pool Name, Including Formation	Kind of Lease	Lease No.				
<b>CENTRAL BISTI UNIT</b>	<b>5</b>	<b>BISTI LOWER GALLUP</b>	State, Federal or Leas					
Location								
Unit Letter	<b>D</b>	Feet From The	<b>N</b> Line and	<b>660</b> Feet From The	<b>W</b>			
Line of Section	<b>6</b>	Township	<b>25N</b>	Range	<b>12W</b>	NMFM,	<b>SAN JUAN</b>	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)					
<b>SHELL PIPELINE CORP.</b>	<b>1215 S. LAKE AVE. FARMINGTON N. M.</b>					
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)					
<b>EL PASO NATURAL GAS CO.</b>	<b>B. REILLY HEIGHTS FARMINGTON N. M.</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	What
	<b>C</b>	<b>5</b>	<b>25</b>	<b>12W</b>	<b>YES</b>	

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

**IV. COMPLETION DATA**

Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.E.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe	
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
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, 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 (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.

*Emery G. Arnold*  
 (Signature)

**EARTH SCIENCES COMPANY AGENT**

**MAY 1, 1971**

**OIL CONSERVATION COMMISSION**

**JUL 28 1971**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY **Original Signed by Emery G. Arnold**  
**SUPERVISOR DIST. #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 transportation unit at each change of condition.