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LAND OFFICE	
TRANSPORTER	OIL /
	GAS
OPERATOR	/
PRORATION OFFICE	

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

B. R.

I. Operator  
HIXON DEVELOPMENT COMPANY  
Address  
341 MILAM BUILDING SAN ANTONIO, TEXAS  
Reason(s) for filing (Check proper box)  
New Well ☐ Change In Transporter of: Oil ☐ Dry Gas ☐  
Recompletion ☐ Casinghead Gas ☐ Condensate ☐  
Change In Ownership ☐  
Other (Please explain)  
CHANGE WELL NUMBER  
OLD NUMBER 61-10, NEW NUMBER 67

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name CENTRAL BISTI UNIT	Well No. 67	Pool Name, Including Formation BISTI LOWER GALLUP	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter A : 660 Feet From The N Line and 660 Feet From The E Line of Section 6 Township 25 Range 12, NMPM, SAN JUAN County				

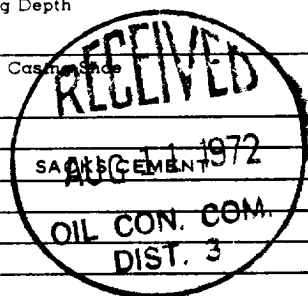
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> SHELL PIPELINE CORP.	Address (Give address to which approved copy of this form is to be sent) 1215 S. LAKE AVE. FARMINGTON N.M.					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> EL PASO NATURAL GAS CO.	Address (Give address to which approved copy of this form is to be sent) B. REILLY HEIGHTS FARMINGTON N.M.					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 5	Twp. 25	Rge. 12	Is gas actually connected? YES	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 Casinghead							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET						



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 JUNE 1, 1972	Date of Test 6-1 THRU 7-14, 1972	Producing Method (Flow, pump, gas lift, etc.) FLOW	
Length of Test 45 DAYS	Tubing Pressure 40 PSI	Casing Pressure 0 PSI	Choke Size 1/4"
Actual Prod. During Test 96 BC	Oil-Bbls. 12 BOPD	Water-Bbls. 0 BWPD	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 (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.

(Signature)

EARTH SCIENCES COMPANY - AGENT

(Title)

AUGUST 9, 1972

(Date)

OIL CONSERVATION COMMISSION

AUG 11 1972

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

BY Original Signed By Emory G. 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.

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