

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOperator  
Hixon Development CompanyAddress  
P.O. Box 2810, Farmington, New Mexico 87499

Reason(s) for filing (check proper box)

New Well ☐  
Recompletion ☐  
Change in Ownership ☒

Change in Transporter of:

Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

Shell Oil Company, Box 831, Houston, Texas 77001

## DESCRIPTION OF WELL AND LEASE

|   |                   |  |  |                       |
|---|-------------------|--|--|-----------------------|
| Lease Name<br>CARSON UNIT 19  | Well No.<br>41-20 | Pool Name, including Formation<br>Bisti Lower Gallup | Kind of Lease<br>State, Federal or Fee Federal | Lease No.<br>SF078063 |
| Location<br>Unit Letter A : 660 Feet From The North Line and 660 Feet From The East<br>Line of Section 19 Township 25N Range 11W, NMPM, San Juan County |                   |  |  |                       |

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |                                 |
|---|--|---------------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Four Corners Pipeline | Address (Give address to which approved copy of this form is to be sent)<br>Box 1588, Farmington, New Mexico 87499 |                                 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>EPNG CO.      | Address (Give address to which approved copy of this form is to be sent)   |                                 |
| If well produces oil or liquids,<br>give location of tanks.   | Unit : P<br>Sec. 13<br>Twp. 25N<br>Rge. 12W  | Is gas actually connected? When |

If 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.          |           |             |              |
| 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 |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

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/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shot-in) | Casing Pressure (Shot-in) | Choke Size            |

## 1. 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.

Aldrich L. Kuchera - Executive Vice President

12/8/82

## OIL CONSERVATION DIVISION

APPROVED

Original Signed by CHARLES GHOLSON

BY

DEPUTY DIR. &amp; GAS INSPECTION, 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 transporter, or other such change of condition.

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