

STATE OF NEW MEXICO
 OIL AND NATURAL GAS DEPARTMENT
 DIVISION OF OIL AND NATURAL GAS
 DISTRICT OFFICE
 SANTA FE
 FILE
 U.S.O.G.
 LAND OFFICE
 TRANSPORTER
 OPERATOR
 PERMITS OFFICE
 Operator

OIL CONSERVATION DIVISION
 P. O. BOX 2088
 SANTA FE, NEW MEXICO 87501

Revised 10-1-78

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Hixon Development Company
 Address
 P.O. Box 2810, Farmington, New Mexico 87499
 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 Shell Oil Company, Box 831, Houston, Texas 77001

DESCRIPTION OF WELL AND LEASE
 Lease Name CARSON UNIT 19 Well No. 21 Pool Name, including Formation Bisti Lower Gallup Kind of Lease State, Federal or Fee Federal Lease No. SF078063
 Location
 Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West
 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 ☒ or Condensate ☐
 Four Corners Pipeline
 Address (Give address to which approved copy of this form is to be sent) Box 1588, Farmington, New Mexico 87499
 Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
 EPNG CO.
 Address (Give address to which approved copy of this form is to be sent)
 If well produces oil or liquids, give location of tanks. Unit P Sec. 13 Twp. 25N 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
 Actual Prod. During Test Oil - Bbls. Water - Bbls.

GAS WELL
 Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
 Testing Method (spot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size

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
 BY Original signed by
 TITLE DEPUTY OIL CONSERVATION DIVISION
 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.