

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 1-1-55

STATE	5
FEE	1
U.S.S.R.	1
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRODUCTION OFFICE	

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

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

New Well  Change in Transporter of:  
 Oil  Dry Gas   
 Recompletion  Oil  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. DESIGNATION OF WELL AND LEASE

Lease Name <b>CENTRAL BISTI UNIT WI # 5</b>	Well No. <b>5</b>	Pool Name, including Formation <b>BISTI LOWER GALLUP</b>	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <b>M</b> ; <b>1319</b> Feet From The <b>S</b> Line and <b>1315</b> Feet From The <b>W</b>				
Line of Section <b>10</b> Township <b>25N</b> Range <b>12W</b> , N.M.M., <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"/> <b>SHELL PIPELINE CORP.</b>	Address (Give address to which approved copy of this form is to be sent) <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"/> <b>EL PASO NATURAL GAS CO.</b>	Address (Give address to which approved copy of this form is to be sent) <b>B. REILLY HEIGHTS FARMINGTON N. M.</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>C</b>	Sec. <b>5</b>	Twp. <b>25N</b>	Rge. <b>12W</b>
	Is gas actually compressed? <b>YES</b>		When	

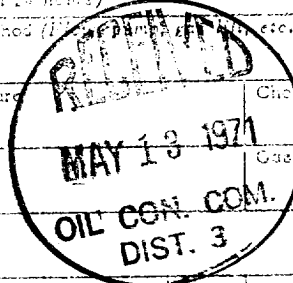
If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Reservoir
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.D.T.D.		
Elevations (DF, RRB, RT, CR, 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		

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead 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 (P, R, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF



Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, 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**

(Title)

**MAY 1, 1971**

OIL CONSERVATION COMMISSION

**JUL 28 1971**

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

BY **Original Signed by Emery C. 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 deviation of the deviation tests taken on the well to which the well is to be drilled.  
 All sections of this form must be filled out completely for allowable on new and recompleted wells.  
 Approved by \_\_\_\_\_, I. U. M. for change of status.