

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

OFFICE OF OIL CONSERVATION	
DISTRICT OFFICE	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	
Operator	

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)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	

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 Mudge	Well No. 303
Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee <u>Federal</u>
Lease No. NM036253	
Location Unit Letter <u>B</u> : <u>970</u> Feet From The <u>North</u> Line and <u>1735</u> Feet From The <u>East</u>	
Line of Section <u>16</u> Township <u>25N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> County	

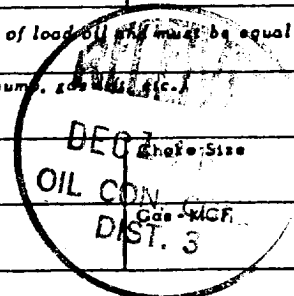
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>Box 990, Farmington, New Mexico 87499</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>no</u> 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 <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.
Total Depth	P.B.T.D.
Elevations (DF, RKB, 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

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL	
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 (pilot, 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.	
<u>Aldrich L. Kuchera - Executive Vice President</u>	
<u>12/8/82</u>	

OIL CONSERVATION DIVISION	
APPROVED	Original Signed by <u>CHARLES SIMULSON</u>
BY	DEPUTY OIL & GAS INSPECTOR
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	