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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FO	OR ALLOWAE	LE AND AUTHORIZ	ZATION				
<b>I.</b>			AND NATURAL GA	NS				
Operator				Well API No. 30-045-22232				
Hixon Development Com		30-043-22232						
Address P.O. Box 2810, Farmin	gton, New Mex	kico 87499						
Reason(s) for Filing (Check proper box)	<u> </u>		Other (Please expla					
New Well	Required Pool Change							
Recompletion	Oil L	Dry Gas	Order No. R	-8769				
Change in Operator	Casinghead Gas	Condensate						
If change of operator give name and address of previous operator	<del></del>						<del> </del>	
II. DESCRIPTION OF WELL	AND LEASE							
Leace Name	ng Formation	Kind of Lease Lease No. State, Federal or Fee F6507-2						
Mandana State Cor	K- 1	WAW Fruitla	and Sand-Picture	a St	ate	E6597	-2	
Location	790	N	Clif: orth 18		,	West		
Unit LetterC	_:	Feet From The No	Line and	Fc	et From The	1636	Line	
Section 2 Townshi	p 25N	Range 12W	, NMPM,	San Juar	1		County	
W PROTONIAMION OF MDAN	ICDADTED AE A	TI AND NATTI	DAI CAS					
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	or Conder		Address (Give address to wh	nich approved	copy of this form	n is so be ser	ns)	
Name of Authorized Transporter of Casing	ghead Gas	or Dry Gas 💢	Address (Give address to wh	• •			nt)	
El Paso Natural Gas Co.					El Paso, Texas 79978			
If well produces oil or liquids, give location of tanks.	Unit   Sec.	Twp. Rgc.	Is gas actually connected? Yes	When	7 11 13, 19	77		
If this production is commingled with that	from any other lease or	pool, give comming	<del></del>	INDL.	11 13, 19	<u></u>		
IV. COMPLETION DATA	nom any outer rouse of	poor, g.ve commung.						
	Oil Well	Gas Well	New Well Workover	Deepen	Plug Back S	ıme Res'v	Diff Res'v	
Designate Type of Completion			Total Depth	<u> </u>	1			
Date Spudded	Date Compl. Ready to	o Prod.	Total Depui		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation			Top Oil/Gas Pay	Tubing Depth				
Perforations			·		Depth Casing S	Shoe		
					<u> </u>			
TUBING, CASING AND				DARKO OFMENT				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
					<del> </del>	<del></del>		
V. TEST DATA AND REQUES	ST FOR ALLOW.	ABLE						
		of load oil and must	be equal to or exceed top allo Producing Method (Flow, pu	wable for this	depth or be for	Juli 24 hour.	5.)	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pu	unp, gas 191, e	<i>ic.</i> ,			
Length of Test	Tubing Pressure		Casing Pressure		Choke Size			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		CONTRACTOR WENT			
Actual From During Foot	OR - Bois.			ש עטן	G L	V E	Ì	
GAS WELL							S. P.	
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	<u>,                                    </u>	4422 1S	sate ·	•	
			<u>'</u>	<u>'</u> ^!	GON.	1313/		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	UIL	Decay.	5.1 € €		
				i	Luisi. 3			
VI. OPERATOR CERTIFIC			OII CON	SERV	ATION D	IVISIC	)N	
I hereby certify that the rules and regu Division have been complied with and	OIL CONSERVATION DIVISION JAN 22 1990							
je true and complete to the best of my	knowledge and belief.		Date Approve	_	., , , , , , , , , , , , , , , , , , ,			
()	$\sim$		Date Approve		> eh			
Cleking (	juled	19	By		•	~~		
Signature Aldrich L. Kuchera	President	/CEO		SUPER	VISOR DIS	TRICT	13	
Printed Name		Title	Title					
January 19, 1990		-3325 enhone No.						
1326	1 6)	CULICIE I W.	1.1					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.