

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF POOLS REQUESTED	4
DISTRIBUTION	
SANTA FE	
FILE	
USGS	
LAND OFFICE	
TRANSPORTER	
OPERATION	
PERMITS OFFICE	

Operator
Hixon Development CompanyAddress
P.O. Box 2810, Farmington, New Mexico 87401

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

DESCRIPTION OF WELL AND LEASE

Lease Name Ka Da Pah	Well No. 1	Pool Name, including Formation Navajo Farmington Sand	Kind of Lease Navajo State, Federal or Fee Allotted	Lease No. 14-20-
Location Unit Letter <u>M</u> ; <u>790</u> Feet From The <u>South</u> Line and <u>1000</u> Feet From The <u>West</u> <u>603-1423</u> Line of Section <u>3</u> Township <u>25North</u> Range <u>12West</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)					
El Paso Natural Gas Company	P.O. Box 990, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					NO	Wait on approval

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.
		X		X		X		X
Date Spudded (recompletion) 9-27-79	Date Compl. Ready to Prod. 11-16-79		Total Depth 1250'			P.B.T.D. 994'		
Elevations (DF, RAB, RT, GR, etc.) GLE - 6188'	Name of Producing Formation Farmington Sand		Top Oil/Gas Pay 600'-610'			Tubing Depth N/A		
Perforations 600'-610'				Depth Casing Shoe 1242'				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
7-7/8"	5-1/2"	65'	15 sacks
4-3/4"	2-7/8"	1242'	75 sacks

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 203 MCFD	Length of Test 3 hours	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (spot, back pr.) Back Pressure	Tubing Pressure (shut-in) N/A	Casing Pressure (shut-in) 205 psig	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.

Alexander L. Kercher
(Signature)
Petroleum Engineer
(Title)
11-16-79
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 20 1979, 19
BY Original J. A. Zondrick
TITLE SUPERVISOR DISTRICT # 1

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 recompleted wells.