III.

IV.

V.

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL

3	ATOR Z RATION OFFICE		ANSPORT OIL AND NATU	RAL GAS
Hixon Development Company				
P.O. Box 2810, Farmington, New Mexico 87401				
	New Well X Change in Transporter of:			
Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate				· · · · · · · · · · · · · · · · · · ·
•	If change of ownership give name and address of previous owner			
11.	DESCRIPTION OF WELL AND	LEASE. Well No. Pool Name, including F	Formation	
	Hixon Federal	1 NIPP-PC EX	4	Federal or Fee Federal NM25444
	Unit Letter G; 185	O Feet From The North	ne and 1500 Feet	From The East
	Line of Section 4 To	ownship 25N Range	12W , NMPM, Sa	an Juan County
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA		County
	Name of Authorized Transporter of Oi	or Condensate	Address (Give address to which	approved copy of this form is to be sent)
	Name of Authorized Transporter of Co El Paso Natural Gas		B. Reilly Heights	Farmington, NM 87401
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	wait on right of way
] I V. [this production is commingled with that from any other lease or pool, give commingling order number: OMPLETION DATA Oil Well Gas Well Nov. Well Worksynth Dansen Cil Daylor C			
	Designate Type of Completi	on - (X) X	X	en Plug Back Same Restv. Diff. Restv.
	Date Spudded 11-15-77	Date Compl. Ready to Prod. 05-20-78	Total Depth	P.B.T.D.
Ì	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	1250' Top Du/Gas Pay	1196' Tubing Depth
-	6159' GL	Pictured Cliffs	1092'	·
l	1092' - 1102'			Depth Casing Shoe
			CEMENTING RECURD	
}	HOLE SIZE 7-7/8"	CASING & TUBING SIZE 5-1/2"	DEFTH SET	SACKS CEMENT
ŀ	4-3/4"	2-7/8"	34' 1250'	7 sacks 75 sacks
-			1250	75 Sacks
	FEST DATA AND REQUEST FOOL WELL		feer recovery of total volume o	d cil and must se sallow-
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Firm, pump. g	gas lift, etc.)
	Length of Test	Tubing Pressure	Casin, Pressu s	Chore Size
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gae - MC
_	GAS WELL			July
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condition (1)
	Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 203	Choke 3.20 3/4"
I. CERTIFICATE OF COMPLIANCE			OIL CONSERVATION COMMISSION	
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. Oliver Petroleum Engineer (Title)			APPROVED 11 1 178	
			TITLE DEPUTY ON A CASE AND A CASE	
			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 rome or improve the results of condition	