

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Hixon Development Company

P.O. Box 2810, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

New Well ☐
Accomplishment ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☒ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

RECEIVED
MAR 14 1984
OIL CON. DIV.
DIST. 3

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name: Central Bisti Unit Well No.: 72 Pool Name, including Formation: Bisti Lower Gallup Kind of Lease: Navajo State, Federal or Fee: Allotted Lease No.: 14-20-60 1228

Location: Unit Letter: J 1980 Feet From The south Line and 2080 Feet From The east
Line of Section: 9 Township: 25 North Range: 12 West NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

Ciniza Pipeline

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐

El Paso Natural Gas Company

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 940, Bloomfield, New Mexico 87413

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 990, Farmington, New Mexico 87499

If well produces oil or liquids,
give location of tanks.

Unit Sec. Twp. Rge.

Is gas actually connected? 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 Gas Well New Well Workover Deepen Plug Back Some Restrict Diff. Restrict
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (D.E., R.A.E., A.T., G.R., 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

(Test must be after recovery of total volume of fluid oil and must be equal to or exceed the allowable for this depth or be for full 24 hours)

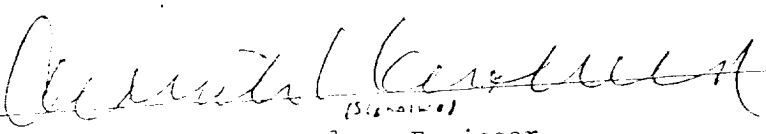
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, Pump, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Producing Method (Flow, Pump, etc.) Tubing Pressure (psia) Casing Pressure (psia) 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.


Petroleum Engineer
(Title)
3/8/84
(Date)

OIL CONSERVATION DIVISION
MAR 14 1984

APPROVED

Original Signed by CHARLES GHOLSON

BY DEPUTY OIL & GAS INSPECTOR, DIST. #3

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 well name or number, or transporter, or other such change of classification.
Separate Forms C-104 must be filed for each pool in a multiply completed wells.