

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

PIPE		12
		1
WATER	OIL	
	GAS	1
FOR		1
ATION OFFICE		

Hixon Development Company

Reason(s) for filing (Check proper box)

Other (Please explain)

If change of ownership give name
and address of previous owner _____

Lease No.	Well No.	Pool Name, including information	Kind of Lease	Federal	Lease No.
Ka Gee Tah	2	Wildcat <i>Shrimpton</i>	State, Federal or Fee	14-20-603-	1449
Location:					
Unit Letter	D	Feet From The	1190	north	Line and
					790
				Feet From The	West
Line of Section	10	Township	25 north	Range	12 west
				NMPM,	San Juan
					County

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 type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
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?	When
					no	

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well	Gas Well	Steam Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
7-13-78	10-03-78		1800'			1320'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
6204' GLE	Chaco Sand		1465'			623'			
Perforations						Depth Casing Shoe			
594'-604'; 484'-494'; 464'-474' (1-JSPF)									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
12-1/4"	7"		57'			10			
5"	2-7/8"		1763'			225			

(Test must be after recovery of total volume of oil and must be able for this death or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Production Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Costs, Weights Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls. at - MOP

Actual Prod. Test-MCF/D 54 MCFD AOFP	Length of Test 3 hours	Ebb. Condensate/MMCF 228	Grav. of Condensate OIL CON. COM. DIST. 3 3/4
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in) 228	Shut-in S.g. 3/4

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

TITLE SUPERVISOR DIST. 42

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 allowance on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transmission or other alteration of condition.

Petroleum Engineer

01/11/2017

November 16, 1978

November 16, 1978