

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

B.K.

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEPARTMENT OF REVENUE	4
DISTRIBUTION	
SANITARY	
FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
FORMATION OFFICE	

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

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Hunter Wash	Well No. 2	Pool Name, including Formation Bisti Lower Gallup	Kind of Lease State, Federal or Foreign Federal	Lease No. NM25449
Location Unit Letter <u>D</u> : <u>860</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line of Section <u>22</u> Township <u>25N</u> Range <u>12W</u> , NMPM, <u>San Juan</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Oil Company	Address (Give address to which approved copy of this form is to be sent) Two Shell Plaza, P.O. Box 2099, Houston, TX	
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) 7700	
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>22</u>
	Twp. <u>25N</u>	Rge. <u>12W</u>
	Is gas actually connected? <input type="checkbox"/> When if surplus is available	

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9-6-79	Date Compl. Ready to Prod. 11-27-79		Total Depth 4925'		P.B.T.D. 4872'			
Elevations (DF, RKB, RT, GR, etc.) KB 6280'	Name of Producing Formation Bisti Lower Gallup		Top Oil/Gas Pay 4806'		Tubing Depth 4811'			
Perforations 4806'-10', 4791'-99', 4768'-76'					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	226'	200 sacks
7-7/8"	4-1/2"	4872'	425 sacks
	2 3/8"	4810'	

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be held at top allowable for this depth or be for full 24 hours)

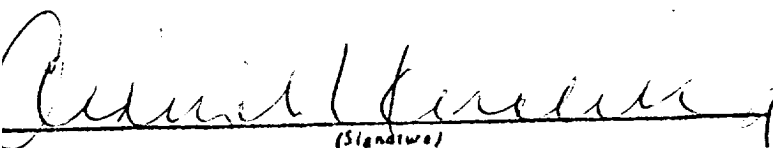
Date First New Oil Run To Tanks 11-26-79	Date of Test 11-26-79	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size 10. D50 61975
Actual Prod. During Test	Oil - Bbls. 51 BOPD	Water - Bbls. 2 BWPD	Gas - MCF 18 MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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)

11-30-79

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 8 1979, 19
Original Signed By FRANK J. HANEZ
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 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 completed wells.