

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-65

API 30-045-23717

Hixon Development Company

P.O. Box 2810, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ka Da Pah	Well No. 1-R	Pool Name, including Formation Pictured Cliffs	Kind of Lease Navajo	Lease No. 14-20
Location: Unit Letter N, 790 Feet From The South Line and 1650' Feet From The West			603-1423	
Line of Section 3	Township 25N	Range 12W	San Juan County	

III. 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 checked="" 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 Company	P.O. Box 990, Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
					No	Waiting on approval

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	Deepen	Plug Back	Core Res'v.	Diff. Res'v.
		X	X		X	
Date Spudded 9-13-79	Date Compl. Ready to Prod. 11-16-79	Total Depth 1275'	P.B.T.D. 1255'			
Elevations (DF, K&B, RT, GR, etc.) GLE-6195'	Name of Producing Formation Pictured Cliffs	Top Oil Gas Ps 1106'	Tubing Depth 1110'			
Perforations 1126'-30', 1106'-16', 1117'-21'			Depth Casing Shoe			
TUBING, CASING, AND CEMENT WE RECORD						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
8-3/4"	7"	91'	75 sacks			
5"	2-7/8"	1275'	150 sacks			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of oil and must be allowable for this test, 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 112 MCFD	Length of Test 3hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 195 psig	Casing Pressure (shut-in) 221 psig	Choke Size 3/4"

VI. CERTIFICATE OF COMPLIANCE

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.

Amir Kirak
(Signature)
Petroleum Engineer
(Title)
November 16, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
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 data of condition