Submit 5 Copies
As propriate District Office
District I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

1.		IOINA	INOL		אוו שאו	TONAL	ans -					
Operator Hixon Development Com		Well API No. 30-045-23717										
Address						· · · · · · · · · · · · · · · · · · ·	l.	50 (2371			
P.O. Box 2810, Farmin	igton, N	New Mex	ico	87499	579r O.1	·						
Reason(s) for Filing (Check proper box) New Well	XX Other (Please explain) Required Pool Change											
New Well Change in Transporter of: Required Pool Change Recompletion Dry Gas Order No. R-8769												
Change in Operator	Casinghea		Conde	_	OI	der No.	K 07	U J	•			
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WELL	AND LEA				.7							
Ka Da Pah Well No. Pool Name, Includ					-	-Diatum		Kind of Lease State, Federal or Fee			Lease No. 14-20-603-1423	
Location		1 K	MAM	FLUILL	and Janu	Cliffs			/ajo	14-20	-003-1423	
Unit Letter N	_ :79	90	Feet F	rom The	South Lin	e and 165	50	Fe	et From The	West	Line	
2	251	*		1011		,	Cam I		•			
Section 3 Townshi	p 25N	· · · · · · · · · · · · · · · · · · ·	Range	12W	, N	мрм,	San J	uan			County	
III. DESIGNATION OF TRAN	SPORTE	R OF OI	LAN	D NATU	RAL GAS							
Name of Authorized Transporter of Oil		or Condens	sate		Address (Gis	e address to v	which ap	proved	copy of this f	orm is to be se	:nt)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX El Paso Natural Gas Co.					Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas 79978							
If well produces oil or liquids, Unit Sec.			Twp.	Rge.	Is gas actually connected?			When?				
f this production is commingled with that	from any oth	er lease or n	ool. gi	ve comming	Yes	ber:		Apr	il 15,	1980	·	
V. COMPLETION DATA	.,				and order mann							
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Dec	pen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth				P.B.T.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
Perforations					L				Depth Casing	g Shoe		
			<u> </u>		ODI CONTRA	VO BEGOV						
TUBING, CASING AND					DEPTH SET					110KO OENK		
HOLE SIZE	CASING & TUBING SIZE				DEPIRSE				SACKS CEMENT			
							·, · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		 		
										· · · · · · · · · · · · · · · · · · ·		
L MIDOR D LM LAND DECKING	m ron 4	V V (O)VV V	W. 10									
7. TEST DATA AND REQUES OIL WELL (Test must be after re				oil and must	he equal to or	exceed top c''	'awable i	for this	denth or he f	or full 24 hour	-6)	
Date First New Oil Run To Tank						be equal to or exceed top c"owable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressure				Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - B		C e	7 6	Ga MCF			
GAS WELL	L				·	JAN2	9 19	90	· ·			
Actual Prod. Test - MCF/D	Length of T	Cest			Bbls. Conde	E MIN CI	INC	וומ	Gravity of C	ondensate		
								W! \			•	
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressu	ire (Shut-III)	આં, ઝ	•	Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	NCE			NGE	D\//	TION I	אופור		
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.					OIL CONSERVATION DIVISION JAN 29 1990							
is true and complete to the best of my b	Chowledge an	iu dellel.		,	Date	Approve	ed			A		
Signature Signature					By Bird Chang							
Aldrich L. Kuchera Printed Name JAN 2 6 1990		ident/9) 326-3	Title		Title.			UPE	RVISOR	DISTRICT	, \3	
Date 1930	()0)		hone N	lo.								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.