Submit 5 Copies
Appropriate 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 II P.O. Drawer DD, Artesia, NM 88210

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

[.		OTRA	NSP	ORT OIL	AND NA	IUHAL	AS	Wall A	DI No				
Decator Himan Development Company						Well API No. 30-045-23945							
Hixon Development Company Address						30 0 10 20 10							
P.O. Box 2810, Farming	ton, N	ew Mex	ico	87499									
Reason(s) for Filing (Check proper box)						er (Please exp							
New Well	Change in Transporter of: Required Pool Change												
Recompletion	Oil Dry Gas						Order No. R-8769						
Change in Operator	Casinghead	Gas 📗	Conde	nsate									
If change of operator give name and address of previous operator													
•	NID 7 73.4	CIC.		-							•		
II. DESCRIPTION OF WELL A			Pool N	Name, Includi	ng Formation			Kind o	{ Lease	La	ase No.		
Lease Name Carson Unit		202			and Sand	-Pictur	ed		e, Federal or Fee NM070322		0322		
Location						Cliffs Fe				deral			
Α	. 790	1.	East F	rom The	North	e and	00	Fo	t From The	East	Line		
Unit Letter	· •———		rai										
Section 10 Township	25N		Range	12W	, N	мрм,	San	Juan			County		
III. DESIGNATION OF TRANS	SPORTE			ND NATU	RAL GAS		kiah a	d	comu of this f	orm is to be se			
Name of Authorized Transporter of Oil		or Conden	salc		Address (Gr	e agaress to	wnich a	оргочеа	copy of this j	orm is to be se	,		
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX						Address (Give address to which approved copy of this form is to be sent)							
El Paso Natural Gas Company					P.O. Box 1492, El Paso, Texas 79						•		
I Paso Natural Gas Company vell produces oil or liquids, Unit Sec. Twp. Rge.													
give location of tanks.	i	j	ĺ.	i	Υe	s		l	<i>I</i>				
If this production is commingled with that f	rom any oth	er lease or	pool, g	ive commingl	ing order num	ber:							
IV. COMPLETION DATA											· · · · · · · · · · · · · · · · · · ·		
Pariners Time of Completion	(X)	Oil Well	. [Gas Well	New Well	Workover	D	eepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion -	Date Comp	l Pendy to	Prod		Total Depth	l			P.B.T.D.	l	_1		
Date Spudded	Date Comp	i. Ready to	riou.						1.5.1.5.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Fo	matio	n.	Top Oil/Gas Pay Tubing Depth								
Elevations (DF, RKB, R1, OR, Ric.)					· · · · · · · · · · · · · · · · · · ·								
Perforations									Depth Casin	g Shoe			
									<u> </u>				
TUBING, CASING AND									OLOWO OFFICE				
HOLE SIZE CASING & TUBING SIZE				SIZE	DEPTH SET				SACKS CEMENT				
													
							·				···		
V. TEST DATA AND REQUES	T FOR A	LLOWA	ABLE	<u> </u>					.1				
OIL WELL (Test must be after re	covery of to	tal volume	of load	l oil and must	be equal to or	exceed top a	illowable	for this	depth or be	for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Tes				Producing M	ethod (Flow,	ритр, д	as lift, e	IC.)				
							A		I Challe Cine				
Length of Test	Tubing Pres	nue			Casing Pres	6) E (2 W	Pio Size				
					Water - Bb	M _ ,		ia. ()	Gas- MCF				
Actual Prod. During Test	Oil - Bbls.				AATEL - DO	IA	29	1000	7.0.				
					<u> </u>	JAN	49	חהבו	J				
GAS WELL						OILC	ON	- Di	Gravity of C	Condensale			
Actual Prod. Test - MCF/D	Length of	rest			Bbls. Conde		NST.	-	THE PRINCIPLE	ONIOCHSALC	• •		
	Tubing D	ecure /Chis	ain\		Casino Presi	ure (Shut-in)	wi.	K."	Choke Size				
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)						,							
THE CORE AND COMPANY	ATTE OF	COM)T T A	NCE	1								
VI. OPERATOR CERTIFIC						OIL CC	NSE	ERV.	ATION	DIVISIO	NC		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					JAN 29 1 99 0								
is true and complete to the best of my knowledge and belief.					Dat	e Approv	ved _		Unit & U				
()	6		_							1 /			
(geful Keullery					∥ By_	By Birt & Chang							
Signature Aldrich L. Kuchera President/CEO					-, -	SUPERVISOR DISTRICT #3							
Printed Name			Title		Title	·							
IJAN 2 6 1990	(505)	326-3		Na									
Date		Tele	ephoae	140.					6 S				

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.