STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Title)

(Date)

April 15, 1986

DISTRIBUTION				
SANTA FE			Ţ	
FILE				
U.S.G.4.				
LAND OFFICE				
TRANSPORTER OIL				
GAS				
OPERATOR				
PROBATION OFFICE				

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

Mean.

TRANSPORTER OIL GAS OPERATOR		ND	RAL GAS APR 16	1000
I.	AUTHORIZATION TO TRANSF	ORT OIL AND NATU	RAL GAS	1300
Operator Hixon Development	Company		DIST	, DIV
Address P.O. Box 2810, Far	rmington, NM 87499			<u> </u>
Reason(s) for filing (Check proper box)		Other (Please	explain 5 0 5	
New Well Recompletion	Change in Transporter of:	y Gas	Reger	a e W
Change in Ownership	Casinghead Gas Co	ondensate	SEP 2 5 19	87 9
If change of ownership give name and address of previous owner	·		OIL CON.	
•			DIST. 3	,
II. DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation)	Kind of Lease	Lease No.
Federal 19	4 Wildcat Fruit		State, Federal or Fee Fed	leral NM 25447
Location				
Unit Letter D: 790	Feet From The North Lin	• and	Feet From The West	
Line of Section 19 Towns	ship 25North Range 12	West , NMPM	, San Juan	County
III. DESIGNATION OF TRANSPO		Address (Give address	to which approved copy of this	form is to be sent)
Name of Authorized Transporter of Casin	nghead Gas or Dry Gas 🕎	Address (Give address	to which approved copy of this	form is to be sent)
El Paso Natural Gas			Farmington, NM 8	7499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. D 19 25N 12W	Is gas actually connecte No	•d? When Waitin	
If this production is commingled with	that from any other lease or pool,	give commingling order	r number:	
NOTE: Complete Parts IV and V	on reverse side if necessary.			
VI. CERTIFICATE OF COMPLIAN	CIL CONSERVATION DIVISION			
I hereby certify that the rules and regulation	ns of the Oil Conservation Division have	APPROVED	NO	<u>√ 3 (), 130 l</u>
been complied with and that the information given is true and complete to the best of my knowledge and belief.		BY Unglind Signed by Floritic 1: CINY		
		TITLE	SUPERVISOR I	DISTRICT
Petroleum Engineer	in liera	This form is to If this is a requ well, this form must	be filed in compliance wi uest for allowable for a ne- t be accompanied by a tab- wall in accordance with n	wiy drilled or deepens ulation of the deviation

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.

w	CON	ITI	FTT	ON	D.	ATA
1 V .				$\mathcal{L}_{\mathbf{L}}$	101	

Designate Type of Completion - (X)		Off Mell	Gas Well	New Well	Workever	Deepen	Plug Back	Same Restv.	Dill. Restv.
		i	XX	XX		į			!
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
6-30-80	4-14-86		1475' GLE		1448.5' GLE				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oll/Gas Pay		Tubing Depth				
6443' GLE	Fruit	land-Cii	tured ffs	1280	1				
Perforations							Depth Casts	ng Shoe	
1280'-1294							1475	GLE	
		TUBING,	CASING, AN	D CEMENTI	NG RECOR	D			
HOLE SIZE	CAS	ING & TUBI	ING SIZE		DEPTH SE	T	SACKS CEMENT		4T
. 9-7/8"	7'', 20	D#		81	' GLE		See Be	low	
5–1/8''	2-7/8	', 6.5#		1475	' GLE		See Be	low	····
			· · · · · · · · · · · · · · · · · · ·	ļ	···			**	
	<u> </u>	· · · · · · · · · · · · · · · · · · ·		<u>i</u>			i		

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allows

OIL WELL						
Date First New Oil Run To Tanks	Date of Test Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure	Coaing Pressure	Choke Size			
Actual Prod. During Test	Oli-Bbis.	Water - Bbis.	Gas-MCF			

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
52	24 hours	0	
Testing Method (pitot, back pr.)	Tubing Preseure (Ehnt-in)	Casing Pressure (Ibut-in)	Choke Size
Orifice Tester		201 psig	1/4"

7" casing

35 sks (41.3 cu.ft.) Class "B" with 2% $CaCl_2$ and 1/4#/sk cellophane flakes.

2-7/8" casing

100 sks (169 cu.ft.) Class "B" extended cement containing 2% CaCl $_2$ and 1/4#/sk cellophane flakes. Tailed in with 50 sks (59cu.ft.) Class "B" cement containing 2% CaCl and 1/4#/sk cellophane flakes. previous report 268cf.



SEP 2 5 1987

OIL CON. DIV. DIST. 3