

DATE OF FILING		OIL CONSERVATION DIVISION		Form C-104 Revised 10-1-76	
SANTA FE		P.O. BOX 2088			
SANTA FE, NEW MEXICO 87501					
REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
Hixon Development Company					
P.O. Box 2810, Farmington, New Mexico 87401					
Reason(s) for filing (Check proper box)				Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:			
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>
If change of ownership give name and address of previous owner					
I. DESCRIPTION OF WELL AND LEASE					
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.	
Christopher Ray Com.	1	WAW-Fruitland-PC	State, Federal or Fee Navajo	14-20-8455	
Location					
Unit Letter	A	850 Feet From The North Line and	860 Feet From The east		
Line of Section	5	Township 25 North	Range 12 West	NMPM, San Juan	County
II. 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 type="checkbox"/> or Dry Gas <input checked="" 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, NM 87401		
If well produces oil or liquids, give location of tanks.			Unit	Sec.	Twp. Rge.
			Is gas actually connected?	When	
			no		
If this production is commingled with that from any other lease or pool, give commingling order number:					
III. COMPLETION DATA					
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover
			X	X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
2/7/81	4/24/81	1310'	1280'		
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
6116' GLE	Pictured Cliffs	1066'	1072'		
Perforations			Depth Casing Shoe		
1066'-1074'					
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
9-7/8"	7" 20#	81.20'	50 sacks		
5-1/4"	2-7/8" 6.5#	1304.31'	150 sacks		
	1-1/4" 2.3#	1072.00'			
IV. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth 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		
			APR 29 1981		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	OIL CON. COM. DIST. 3		
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
228	3 hours				
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size		
back pressure	159	160	3/4"		
V. 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.			OIL CONSERVATION DIVISION		
APPROVED			MAY 4 1981		
BY			Original Signed by FRANK T. CHAVEZ		
TITLE			SUPERVISOR DISTRICT # 3		
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 Form C-104 must be filed for each pool in multiply recompleted wells.					