

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR	
HIXON DEVELOPMENT COMPANY	
Address P.O. BOX 2810, FARMINGTON, NEW MEXICO 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter oil <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Carson Unit	Well No. 206	Pool Name, including Formation WAW-Fruitland-PC	Kind of Lease State, Federal or Free Federal	Lease No. SF078067
Location Unit Letter <u>E</u> : <u>1850</u> Feet From The <u>north</u> Line and <u>790</u> Feet From The <u>west</u> Line of Section <u>11</u> Township <u>25 north</u> Range <u>12 west</u> , NMPM, 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 type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>P.O. Box 990, Farmington, New Mexico 87499</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <input type="checkbox"/> When _____

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 <input type="checkbox"/>	Gas well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>1/14/83</u>	Date Compl. Ready to Prod. <u>4/28/83</u>		Total Depth <u>1329'</u>		P.B.T.D. <u>1288'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>6286' KB</u>	Name of Producing Formation <u>Pictured Cliffs</u>		Top Oil/Gas Pay <u>1160'</u>		Tubing Depth			
Perforations <u>1160'-1170'</u>					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>9-7/8"</u>	<u>7" 23#</u>		<u>89'</u>		<u>50 sacks</u>			
<u>5-1/4"</u>	<u>2-7/8" 6.5#</u>		<u>1313'</u>		<u>150 sacks</u>			

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 allowable or run 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D <u>489</u>	Length of Test <u>3 hours</u>	Bbls. Condensate/AMCF	Gravity of Condensate
Testing Method (psig, back pr.) <u>back pressure</u>	Tubing Pressure (shut-in)	Casing Pressure (shut-in) <u>200 psig</u>	Choke Size

VI. 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.

Petroroleum Engineer

4/29/83

(Date)

OIL CONSERVATION DIVISION

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 such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.