

**REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

|           |        |
|-----------|--------|
| OPERATION | OFFICE |
| OPERATION | OFFICE |
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Hixon Development Company

P.O. Box 2810, Farmington, New Mexico 87499

Reason(s) for filing (check proper box)

New Well       Change in Transporter of:      Oil       Dry Gas

Recompletion       Casinghead Gas       Condensate

Change in Ownership

Other (Please explain)

Change of ownership give name and address of previous owner

**DESCRIPTION OF WELL AND LEASE**

|   |               |  |   |                               |
|---|---------------|--|---|-------------------------------|
| Lease Name<br>A. P. Hixon Com.  | Well No.<br>1 | Pool Name, including Formation<br>Basin Dakota | Kind of Lease<br>State, Federal or Fee Navajo | Lease No.<br>N00-C-14-20-5242 |
| Location<br>Unit Letter <u>E</u> ; <u>1850</u> Feet From The <u>north</u> Line and <u>880</u> Feet From The <u>west</u> |               |  |   |                               |
| Line of Section <u>21</u> Township <u>25 North</u> Range <u>11 West</u> , NMPM, <u>San Juan</u> County                  |               |  |   |                               |

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

|  |  |
|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
| Giant Refining   | P.O. Box 256, Farmington, NM 87499                                       |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input 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 87499                                       |
| Does well produce oil or liquids, give location of tanks.  | Is gas actually connected? When  |
| Unit <u>E</u> Sec. <u>21</u> Twp. <u>25N</u> Rge. <u>11W</u>   | yes 10/10/83   |

If this production is commingled with that from any other lease or pool, give commingling order number:

**COMPLETION DATA**

|  |   |                          |          |                       |        |           |             |              |
|--|---|--------------------------|----------|-----------------------|--------|-----------|-------------|--------------|
| Designate Type of Completion - (X)             | Oil Well                                    | Gas Well                 | New Well | Workover              | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| (X)  |   | X                        | X        |                       |        |           |             |              |
| Date Spudded<br>5/3/83                         | Date Compl. Ready to Prod.<br>6/13/83       | Total Depth<br>6026'     |          | P.B.T.D.<br>5993'     |        |           |             |              |
| Directions (DF, RKB, RT, GR, etc.)<br>6517' KB | Name of Producing Formation<br>Basin Dakota | Top Oil/Gas Pay<br>5880' |          | Tubing Depth<br>4867' |        |           |             |              |
| Perforations<br>5880'-94'                      | Depth Casing Shoe<br>6026'                  |                          |          |                       |        |           |             |              |

**TUBING, CASING, AND CEMENTING RECORD**

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| 12-1/4"   | 8-5/8"               | 437'      | 275 sacks    |
| 7-7/8"    | 5-1/2"               | 6026'     | 700 sacks    |
|           | 2-3/8"               | 4867'     |              |

**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 for this depth or be for full 24 hours)

|                           |              |   |            |
|---------------------------|--------------|---|------------|
| Length of Test            | Date of Test | Producing Method (Flow, pump, gas lift, etc.) |            |
|                           |              | Casing Pressure                               | Choke Size |
| Initial Prod. During Test | Oil-Bbls.    | Water-Bbls.                                   | Gas-MCF    |

**TEST WELL**

|  |                                     |                                      |                              |
|--|-------------------------------------|--------------------------------------|------------------------------|
| Initial Prod. Test-MCF/D<br>54             | Length of Test<br>6 hours           | Bbls. Condensate/MMCF<br>1 BO        | Gravity of Condensate<br>55° |
| Flowing Method (Flow, back pr.)<br>flowing | Tubing Pressure (stat-in)<br>76 psi | Casing Pressure (stat-in)<br>340 psi | Choke Size<br>3/4"           |

**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.

Reginald H. Tercher  
(Signature)  
Petroleum Engineer  
(Title)  
10/26/83  
(Date)

**OIL CONSERVATION DIVISION**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Original Signed by FRANK T. CHAVEZ  
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.