

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

LAND AREA	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

3016/R-
1-1-84Operator
Hixon Development CompanyAddress
P.O. Box 2810, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
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"/>

Other (Please explain)

1st delivery of gas 11-2-83

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Central Bisti Unit	Well No. 84	Pool Name, including Formation Bisti Lower Gallup	Kind of Lease State, Federal or Fee Navajo	Lease No. 14-20-603 323
Location Unit Letter <u>P</u> : <u>1200</u> Feet From The <u>south</u> Line and <u>720</u> Feet From The <u>east</u> Line of Section <u>5</u> Township <u>25 North</u> Range <u>12 West</u> , NMPM, San Juan County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Ciniza Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 940, Bloomfield, NM 87413	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 5
	Twp. 25N	Rge. 12W
	Is gas actually connected? <u>yes</u> When <u>11-2-83</u>	

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 <input checked="" type="checkbox"/>	Gas Well <input 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 10/8/83	Date Compl. Ready to Prod. 11/2/83		Total Depth 4975' 4982			P.B.T.D. 4954'		
Elevations (DF, RKB, RT, GR, etc.) 6175' KB	Name of Producing Formation Lower Gallup		Top Oil/Gas Pay 4790'			Tubing Depth 4703'		
Perforations 4864'-76', 4850'-58', 4790'-4810'			Depth Casing Shoe 4980'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8" 24#	217'	135 sacks
7-7/8"	5-1/2" 15.5#	4980'	600 sacks
	2-3/8"	4703'	

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)

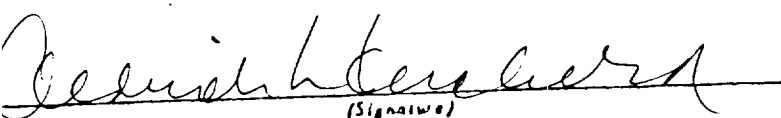
Date First New Oil Run To Tanks 11/2/83	Date of Test 11/8/83	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size 3/4"
Actual Prod. During Test	Oil - Bbls. 80	Water - Bbls. 5	Gas - MCF 35

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size

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.



Petroleum Engineer

11/9/83

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED

NOV 10 1983

Original Signed by FRANK T. CHAVEZ

BY

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