

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

3094/R  
7-16-84  
RECEIVED  
JUN 11 1984  
OIL CON. DIV.  
DIST. 3

Hixon Development Company	
Address: 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 checked="" 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:	

DESCRIPTION OF WELL AND LEASE

Well Name Central Bisti Unit	Well No. 96	Pool Name, Including Formation Bisti Lower Gallup	Kind of Lease State, Federal or Fee	State New Mexico	Lease No. E-6597-2
Location					
Unit Letter <u>H</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u>					
Line of Section <u>16</u> Township <u>25 North</u> Range <u>12 West</u> , NMPM, <u>San Juan</u> 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, New Mexico 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, New Mexico 87499				
Well produces oil or liquids, or location of tanks.	Unit C	Sec. 5	Twp. 25N	Rge. 12W	Is gas actually connected? <input checked="" type="checkbox"/> When 5/8/84

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"/>	Some Reat'y. <input type="checkbox"/>	Diff. Reat'y. <input type="checkbox"/>
Date Spudded 4/12/84	Date Compl. Ready to Prod. 5/8/84		Total Depth 4960'		P.B.T.D. 4912'			
Productions (DF, RKB, RT, CR, etc.) 6233.5 KB	Name of Producing Formation Lower Gallup		Top Oil/Gas Pay 4710'		Tubing Depth 4649'			
Explorations 4798'-4808', 4783'-4794', 4762'-4770', 4739'-4750', 4710'-4720'					Depth Casing Shoe 4940'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" - 24#	219'	159.3 cubic feet
7 7/8"	5 1/2" - 15.5#	4955'	1812 cubic feet
		4649'	

TEST DATA AND REQUEST FOR ALLOWABLE  
NEW 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 of First New Oil Run To Tanks 5/8/84	Date of Test 6/1/84	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hours	Tubing Pressure	Casing Pressure 123 psi	Choke Size
Actual Prod. During Test	Oil - Bbls. 53	Water - Bbls. 48	Gas - MCF 21

TEST WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (spot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-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 herein is true and complete to the best of my knowledge and belief.

Bruce C. Delventhal  
(Signature)  
Petroleum Engineer  
(Title)  
June 5, 1984  
(Date)

OIL CONSERVATION DIVISION

6-18-84  
APPROVED JUN 18 1984, 19  
BY Original Signed by FRANK T. CHAVEZ  
SUPERVISOR DISTRICT # 3  
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 Form C-104 must be filed for each pool in multiply