OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

30-3 1/4
10-4-84

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
OCT 01 1984
OIL CON. DIV.
DIST. 3

Operator
Hixon Development Company

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

Reason(s) for filing (Check proper box)
New Well [X]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
Other (Please explain) 1st delivery of gas 8-17-84

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Carson Unit	24	Bisti Lower Gallup	State, Federal or Fee Federal	NM 07032

Location
Unit Letter N : 1090 Feet From The South Line and 1550 Feet From The West
Line of Section 15 Township 25N Range 12W , NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]: Ciniza Pipeline
Address (Give address to which approved copy of this form is to be sent): P.O. Box 940, Farmington, New Mexico

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]: 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

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	13	25	12	Yes	8-17-84

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7/20/84	8/7/84	4936' KB	4898' KB
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
6259' GLE	Lower Gallup	4710'	4594'
			Depth Casing Shoe 4936'

Perforations
4814' - 4820', 4786' - 4798', 4768' - 4778', 4742' - 4750', 4710' - 4720'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/2"	8-5/8"	235'	170 sks - 201 cu.ft.
7-7/8"	5-1/2"	4936'	700 sks - 2206 cu.ft.
	2 3/8	4594	

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
8/7/84	8/27/84	pumping
Length of Test	**Tubing Pressure**	**Casing Pressure** / **Choke Size**
24 hrs.		
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.** / **Gas - MCF**
	82	62 / 30

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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 above is true and complete to the best of my knowledge and belief.

(Signature)

Petroleum Engineer
(Title)

September 26, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 01 1984, 19

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