

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS3050/K
Sept. Dec. 1984

1. OPERATOR Hixon Development Company	
Address P.O. Box 2810, Farmington, New Mexico 87499	
Reason(s) for filing (Check proper box)	Other (Please specify)
New Well ☒	Change in Transporter of: Oil ☒ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
Recompletion ☐	
Change in Ownership ☐	
If change of ownership give name and address of previous owner _____	

RECEIVED
SEP 14 1984
OIL CON. DIV.
DIST 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name E. W. Mudge	Well No. 7	Pool Name, including Formation Bisti Lower Gallup	Kind of Lease State, Federal or Fee Federal	Lease NMO361
Location Unit Letter <u>P</u> : <u>660'</u> Feet From The <u>South</u> Line and <u>660'</u> Feet From The <u>East</u> Line of Section <u>16</u> Township <u>25N</u> Range <u>11W</u> , NMPM, San Juan Co				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ 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 ☐ 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. : 0 : 16 : 25 : 11
Is gas actually connected? 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 ☒	Gas Well ☐	New Well ☒	Workover ☐	Deepen ☐	Plug Back ☐	Some Res'v. ☐	Diff. ☐
Date Spudded 7/30/84	Date Compl. Ready to Prod. 8/15/84		Total Depth 5075' KB		P.B.T.D. 5026' KB			
Elevations (DF, RKB, RT, GR, etc.) 6396' GLE	Name of Producing Formation Lower Gallup		Top Oil/Gas Pay 4906' KB		Tubing Depth 4816' KB			
Perforations 4906' - 4930'					Depth Casing Shoe 5069' KB			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		426' KB		300 Sacks			
7-7/8"	5-1/2"		5069' KB		600 Sacks			
	2 3/8		4816					

V. 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 able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 8/25/84	Date of Test 9/13/84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure	Casing Pressure 15 psi	Choke Size 3/4"
Actual Prod. During Test	Oil - Bbls. 16	Water - Bbls. 6	Gas - MCF

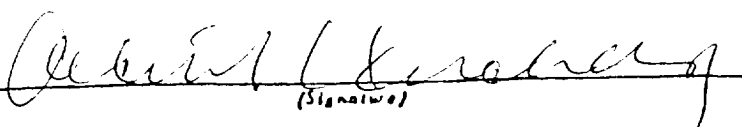
2/80 Joint well/6

GAS WELL

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


(Signature)Petroleum Engineer
(Title)September 13, 1984
(Date)

OIL CONSERVATION DIVISION

SEP 14 1984

APPROVED _____, 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 deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of new well name or number, or transporter, or other such change of condition. Separate forms C-104 must be filled for each pool in multi-