

OIL CONSERVATION DIVISION
P. O. BOX 2810
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

3031/10

NO. OF COPIES DESIRED	
TRANSPORTATION	
SANTA FE	
FILE	
MAILING	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	
OPERATOR	

Hixon Development Company

Address
P.O. Box 2810, Farmington, NM 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)

RECEIVED
MAY 03 1985
OIL CON. DIV.
DIST. 3If change of ownership give name
and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name Carson Unit 19	Well No. 43	Pool Name, Including Formation Bisti Lower Gallup	Kind of Lease State, Federal or Fee State	Lease No. SF 078063
Location Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line of Section 19 Township 25N Range 11W, NMPM, San Juan County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	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 P	Sec. 13
	Twp. 25N	Rge. 12W
	Is gas actually connected? When yes 3/23/85	

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	XXXX		XXXXX					
Date Spudded 2/23/85	Date Compl. Ready to Prod. 3/23/85		Total Depth 5076' KB		P.B.T.D. 5031' KB			
Elevations (DF, RAB, RT, CR, etc.) 6448' GLE	Name of Producing Formation Gallup		Top Oil/Gas Pay 4788' KB		Tubing Depth 4865' KB			
Perforations 4894'-4906', 4960'-4964', 4978'-4982', 4992'-5000'					Depth Casing Shoe 5075.68' KB			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		345.33' KB		200 sks (224.2 cuft)			
7-7/8"	5-1/2"		5075.68' KB		600 sks (1796 cuft)			
	2 3/8		4865					

IV. 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 3/23/85	Date of Test 4/20/85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 25 psig	Casing Pressure 60 psig	Choke Size 3/4"
Actual Prod. During Test 55.25 BO	Oil-Bbls. 55.25	Water-Bbls. 32.45	Gas-MCF 26.6

GAS WELL

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

V. 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.

Bruce P. Delventhal
(Signature)

Petroleum Engineer

(Title)

May 2, 1985

(Date)

OIL CONSERVATION DIVISION
5-8-85 MAY 08 1985APPROVED
Original Signed by FRANK T. CHAVEZBY
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 Forms C-104 must be filed for each pool in multiply