

OIL CONSERVATION DIVISION
P. O. BOX 2810
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CONFIDENTIAL
8-4-85

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HIXON DEVELOPMENT COMPANY

Address
P.O. Box 2810, Farmington, NM 87499

RECEIVED

MAY 15 1985

OIL CON. DIV.
DIST. 3

Person(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)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Polly Turpin	Well No. 1	Pool Name, including Formation Bisti Lower Gallup	Kind of Lease Navajo Allotted State, Federal or Fee	Lease No.
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u>			NOO-C-14-20-5579	
Line of Section <u>27</u> Township <u>25N</u> Range <u>12W</u> , NMPM, San Juan			County	

III. 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 Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 27	Twp. 25N	Rge. 12W	Is gas actually connected? No	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	Same Res'v.	Diff. Res'v.
	XXXX		XXXX					
Date Spudded 4-13-85	Date Compl. Ready to Prod. 5-4-85		Total Depth 4945' KB		P.B.T.D. 4893' KB			
Elevations (DF, RKB, RT, GR, etc.) 6338' GLE	Name of Producing Formation Gallup		Top Oil/Gas Pay 4602' KB		Tubing Depth 4588' KB			
Perforations 4788'-96', 4770'-78', 4748'-56', 4734'-4740', 4712'-18', and 4606'-12'					Depth Casing Shoe 4942.49' KB			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/2"	8-5/8" 24#		280' KB		150 sks (177 cu.ft.)			
7-7/8"	5-1/2" 15.5#		4942.49' KB		600 sks (1796 cu.ft.)			

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 5-4-85	Date of Test 5-14-85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 25	Casing Pressure 30	Choke Size 3/4"
Actual Prod. During Test 98	Oil-Bbls. 98	Water-Bbls. 0	Gas-MCF 44

GAS WELL

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

I. 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 C. DeWentha
(Signature)
Petroleum Engineer
(Title)
May 14, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY Original Signed by FRANK T. CHAVEZ
TITLE _____

This form is to be filed in compliance with RULE 1102.
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 delineated wells.