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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

ſ.	T	O TRAI	NSP	ORT O	L AND NA	TURAL GA	AS_					
Operator					··				API No.			
Hixon Development Com	ment Company					30-045-26312						
Address Nov. Nov. Marriag. 97/00												
P.O. Box 2810, Farmington, New Mexico 87499  Reason(s) for Filing (Check proper box)  Other (Please explain)												
Reason(s) for Filing (Check proper box)  New Well	(	Thange in '	Ттапко	orter of:		ioi (i ieuse aspir						
Recompletion	Change in Transporter of: Oil XX Dry Gas											
Change in Operator	Casinghead Gas Condensate						_					
f change of operator give name												
and address of previous operator												
II. DESCRIPTION OF WELL A							1777-4	-61	1.0	ase No.		
Lease Name	Well No.   Pool Name, Including 1   Bisti Lowe				-		State,	State, Federal or Fee		ASC 110.		
Polly Turpin		1 ]	ът	SLI LO	wer Gair				jo Allottėd O-C-14-20-5579			
Location Unit LetterB	:660		Feet F	rom The _	North Lin	•			et From The <u>East</u> Line			
Section 27 Township 25N Range 12W , NMPM, San Juan County												
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS												
Address (Give address to which approved conv of this form is to be sent)												
Giant Refinery	XX of Condensate				1	P.O. Box 256, Farmington, N.M. 87499						
Name of Authorized Transporter of Casingl		Address (Give address to which approved copy of this form is to be sent)										
E. G. Co.												
If well produces oil or liquids,			Twp.		e. Is gas actual	ly connected?	When	?				
give location of tanks.	В	27	25N									
If this production is commingled with that fi IV. COMPLETION DATA	rom any othe					-,		l n. n. i	Is Davis	h:m Parks		
Designate Type of Completion -		Oil Well	Ì	Gas Well	New Well	İ	Decpen	İ	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.				Total Depth	•			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe						
	TUBING, CASING AND				CEMENT							
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
					.			<del> </del>				
					_							
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE	<u> </u>						_		
OIL WELL (Test must be after re	covery of tol	al volume	of load	l oil and mi	ist be equal to o	r exceed top all	lowable for the	s depth or be	for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Test				Producing N	Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure					Casing Pressure			VE	<u>)                                    </u>		
Actual Prod. During Test	Oil - Bbls.				Water - Bbl	Water - Bbls.			N1 1 1990			
GAS WELL	J <del></del>						J	WILT T				
Actual Prod. Test - MCF/D	Length of T	est			Bbls. Conde	ensate/MMCF	OIL	CON	CONTINUE			
								DIST				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pres	sure (Shut-in)		Choke Size	<del>-</del>	·•		
AL ODED ATOR CERTIFIC	ATE OF	COMP	ALI	NCE		0	1000	A 71031	DIMO10	<b>N</b> 1		
VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above						JAN 1 1 1990						
is true and complete to the best of my k	Dat	e Approve	ed									
(harial f							7.	45 6	<del>)</del>	•		
Signature Signature					By_							
Aldrich L. Kuchera President/CEO Printed Name Title					Title	9	SUPE	RVISOR	DISTRICT	13		
JAN 1 0 1990 Date	( !	505) 3 Tele	26-									

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.