

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
FEB 14 1986
OIL CON. DIV.
DIST. 3

I.

Operator Hixon Development Company	
Address P.O. Box 2810, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Carson Unit	Well No. 208	Pool Name, including Formation WAW Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. NM 070322
Location				
Unit Letter <u>K</u> : <u>1930</u> Feet From The <u>South</u> Line and <u>1830</u> Feet From The <u>West</u>				
Line of Section <u>10</u> Township <u>25 North</u> Range <u>12 West</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Ciniza Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 940, Bloomfield, NM 87413
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	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 Sec. Twp. Rqs.
Is gas actually connected? No	When Hook-up will be February 14, 1986

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

Alvin L. Lashley
(Signature)
Petroleum Engineer
February 13, 1986
(Date)

OIL CONSERVATION DIVISION

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 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.

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IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Full Back	Same Res'v.	Diff. Res'v.
			XXX	XXX					
Date Spudded 1-7-86	Date Compl. Ready to Prod. 1-29-86		Total Depth 1225' GLE			P.B.T.D. 1191.45' GLE			
Elevations (DF, RKB, RT, GR, etc.) 6255' GLE	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 1106'			Tubing Depth 1090'			
Perforations 1110'-1120'						Depth Casing Shoe 1223' GLE			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
9-5/8"	7", 20#		86'			See Below			
5-1/4"	2-7/8", 6.5#		1223'			See Below			
	1-1/4"		1090'						

V. 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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 175 MCFD	Length of Test 24	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) Orifice Tester	Tubing Pressure (Shut-in) 130 psig	Casing Pressure (Shut-in) 130 psig	Choke Size 1/2"

Casing and Cementing Record

7"

50 sks (59 cu.ft.) Class "B" cement containing 2% CaCl.

2-7/8"

100 sks (206 cu.ft.) Class "B" cement containing 2% Sodium Metasilicate. Tailed in with 50 sks (59 cu.ft.) Class "B" containing 2% CaCl and 1/4#/sk cellophane flakes. Pumped total of 265 cu.ft. cement.