3032/N

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

(Date)

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DISTRIBUTI			
SANTA FE		П	
FILE			
U.L.O.A.			
LAND OFFICE			
TRANSPORTER	OIL		
THAMES ON THE	GAS		
OPERATOR			
PRORATION OFFICE			

## 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

TRANSPORTER GAS  OPERATOR  PROPATION OFFICE  I.	AUTI	HORIZ#		A	R ALLOWABLE ND PORT OIL AND	-	L GAS DE		
Operator HIXON DEVELOPMEN	NT COMPANY						O.G.I	0 4 198	5
Address	FARMINGTON	, NM	87499	)			OIL C	ON. C	NV
Reason(s) for filing (Check prope  New Well Recompletion Change in Ownership	Chan	ge in Tr	ansporter o		Other y Gas andensate	(Please exp	plain) BN	ST. 3	
If change of ownership give na and address of previous owner	·		·			<u> </u>			<del></del>
II. DESCRIPTION OF WELL Legge Name Whee Whitney	Well 1	No. Po	of Name, in Bistin	Gallup	ormation		nd of Lease ite, Federal or Fee Fe	<del></del> deral	Lease No. NM 22045
Unit Letter C :	Township	25N	F	ande	12W	, ММРМ,	San Juan		County
Name of Authorized Transporter of The Mancos Corpo:	ration	or Conde	or Dry Go		P.O. Box	1320, Fa	hich approved copy of the armington, NM hich approved copy of the	87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec. 27	Twp. 25	Rge.	Is gas actually No	connected?	When		
If this production is commingle NOTE: Complete Parts IV	and V on rever				<b>(1</b>		SERVATION DIVIS	21001	
VI. CERTIFICATE OF COMI I hereby certify that the rules and re been complied with and that the info my knowledge and belief.	gulations of the C	il Conse ue and co	rvation Divomplete to t	sion have he best of	APPROVED	,		0419	18 <u>5</u>
Bruce & De Petroleum En	·-				If this is well, this for tests taken of	s a request rm must be on the well	filed in compliance was for allowable for a naccompanied by a tell in accordance with a form must be filled on	wiy drille bulation of RULE 111	: 1104, ed or deepener f the deviatio.
October 4, 1	<i>(Title)</i> 985				able on new			·ut comple	tery for allow-

Fill out only Sections I, II, III, and  $\overline{VI}$  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.

	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Dill. Res'v
Designate Type of Completic	on - (X) $XXX$	XXXX	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8-20-85	9-21-85	4899' KB	4849' K.B.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6330' GR	Bisti Gallup	4600'	4588' K.B.
Perforations 4614'-4620' 4714'-4720', 4736'-474	.2', 4752'-4758', 4770'-	4780', 4788'-4792'	Depth Casing Shoe 4938.18' K.B.
	TUBING, CASING, AN	ID CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8''	312.79' K.B.	243 sks (286.74 cu.fr.)
7-7/8"	5-1/2"	4893498J.18' K.B1796	400 sks (1560 cu.ft.)
			200 sks (236 cu.ft.)
	23/8	4588	<b>T</b>

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 (Oil Will

Date First New Oil Run To Tanks	Date of Test	Producing Mathod (Flow, pu	Producing Mathod (Flow, pump, gas lift, etc.)		
9-21-85	10-3-85	Pumping			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
24 hours	25 psig	25 psig	3/4"	•	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF ·		
75	7.5	0	10.3		

_	GAS WELL			
-	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
ı	Triling Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-18)	Choke Size
}		•		
ı				· · · · · · · · · · · · · · · · · · ·

