STATE OF NEW MEXICO ENERGY AND MINERALS CEPARTMENT

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OPERATOR			
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my knowledge and belief.

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE

OPERATOR			AND		• 🕶 🖫			
PROBATION OFFICE				OIL AND MA		#24. **		
PHONE TO THE TOTAL	AUTHORIZ	ATION TO I	RANSPORI	OIL AND NA	TURAL GAS	Se ()	-	
Operator								
Hixon Development Co	mpany							
Address					,			
P.O. Box 2810, Farmi	ngton. New	Mexico 8	7499					
Reason(s) for filing (Check proper box	<u></u>			Other (Pl	ease explain)			
$\overline{}$		ransporter of:		1				
Mem Meli		,	Dry Gas					
Recompletion	닏애		=	İ		*		
Change in Ownership	X Castno	head Gas	Condens	GIE				
f change of ownership give name								
and address of previous owner								
	TO LEACE						_	
I. DESCRIPTION OF WELL AN	U LEASE	Well No. Pool Name, including Formation		Kind of Lease	Kind of Lease			
Lease Name	i i	ī l		State, Federal o	State, Federal or Fee Federal			
Hunter Foster	1 1	Bisti Lov	ver Galli	1p		rederar	NM 25451	
Location				•				
300	10! Feet From	The North	h Line and	2310'	Feet From Th	<u>East</u>		
Unit Letter ;/UE	701:							
26 -	wmahtn 25N	Ba	nge 12 We	est .N	мрм, San Juan		County	
Line of Section 26 To	ownship ZON		1.45	, ,				
				•				
III. DESIGNATION OF TRANS	PORTER OF O	IL AND NA	<u>TURAL GA</u>	S	ess to which approve	d copy of this form is	o be sent)	
Name of Authorized Transporter of Ci	.1 🗀 or Con	densate	Asc	itess (Cine and)	ess to much approve		•	
Criavit Ketine	A 🗸		!			· · · · · · · · · · · · · · · · · · ·	- 1	
Name of Authorized Transporter of Co	ssinghead Gas (X)	of Dry Gas	Add	Address (Give address to which approved copy of this form is to be sent)				
			D	0 Boy 90	0. Farmington	n. NM 87499		
El Paso Natural Gas		Twp.	Rge. Is	as actually con	nected? When			
If well produces oil or liquids,	Unit Sec.			No		ly 21, 1987		
give location of tanks.		<u> </u>				.,,		
If this production is commingled w	ith that from any	other lesse	or pool, give	commingling	order number:			
NOTE: Complete Parts IV and	V on reverse sic	le if necessar	.					
			11	<u> </u>	ו רחמפבטעאדו	UNI UNIVIRRIGIAN ~	0.4007	
VI. CERTIFICATE OF COMPLIA	ANCE		- 11	U	L CONSCRVATI	ON DIVISION S	ושפו עו	
							10	
I hereby certify that the rules and regula	tions of the Oil Cor	servation Divisi	ion have A	PPROVED_				

BY.

TITLE .

been complied with and that the information given is true and complete to the best of

Aldrich L. Petroleum Engineer

(Title) July 20, 1987

(Date)

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepens : well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 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.