

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Hixon Development Company		Well API No.
Address P.O. Box 2810, Farmington, New Mexico 87499		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	CONFIDENTIAL
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pete Morrow	Well No. 1	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee Federal	Lease No. SF 078064
Location				
Unit Letter L	: 1850	Feet From The South	Line and 1190	Feet From The West
Section 1	Township 25N	Range 12W	San Juan County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Co.	PO Box 4990, Farmington, N.M. 87499	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 1
	Twp. 25N	Rge. 12W
Is gas actually connected?	When ?	
Yes	6-30-89	

If this production is commingling 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
		X	X					
Date Spudded 4-4-89	Date Compl. Ready to Prod. 4-28-89		Total Depth 1375'		P.B.T.D. 1326'			
Elevations (DF, RKB, RT, GR, etc.) 6321' GLE	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 1197'		Tubing Depth 1232'			
Perforations 1197'-1215'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8-3/4"	7"		128.40'		50 sks.			
6-1/4"	4-1/2"		1365.10'		150 sks.			
	2-3/8"		1232'					

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 Tank	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 44	Length of Test 24 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 26	Casing Pressure (Shut-in) 64	Choke Size

VI. OPERATOR 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.

Signature
Aldrich L. Kuchera
Printed Name
July 7, 1989
Date
President/CEO
(505) 326-3325
Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 19 1989
By Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3
Title

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.