

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REC-1
JUN 21 1989
OIL CON. DIV 3023/2
DIST. 3

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"/>
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 Ben Whitney	Well No. 1	Pool Name, Including Formation Bisti Lower Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. NM 33027
Location Unit Letter C : 330 Feet From The North Line and 2310 Feet From The West Line Section 4 Township 25N Range 13W, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refinery	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87499					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 4	Twp. 25N	Rge. 13W	Is gas actually connected? No	When ?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 5-31-89	Date Compl. Ready to Prod. 6-15-89		Total Depth 5235' KB			P.B.T.D. 5185' KB		
Elevations (DF, RKB, RT, GR, etc.) 6365' GLE	Name of Producing Formation Gallup		Top Oil/Gas Pay 5037'			Tubing Depth 5048' KB		
Perforations 5037' - 5047'						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
12-1/4"	8-5/8"		310' KB			200 sks.		
7-7/8"	5-1/2"		5225' KB			600 sks.		
	2-3/8"		5048' KB					

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.)

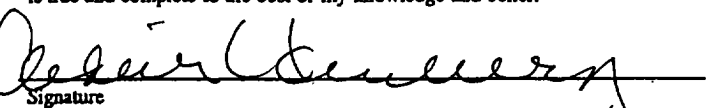
Date First New Oil Run To Tank 6-15-89	Date of Test 6-14-89	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 50	Casing Pressure 50	Choke Size 1/4"
Actual Prod. During Test	Oil - Bbls. 12	Water - Bbls. 108	Gas- MCF 25

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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 President/CEO
Printed Name
June 20, 1989 (505) 326-3325
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 20 1989
By Original Signed by FRANK T. CHAVEZ
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.