ubmit 5 Copies ppropriate District Office ISTRICT I O. Box 1980, Hobbs, NM 88240

ISTRICT II .O. Drawer DD, Artesia, NM 88210 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

3016 N

ISTRICT III	Santa re, New Mexico 6/304-2000					
000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
Operator	Well API Y	VO.				
Hixon Development Company						
Address						

)perator						Well API No.				
Hixon Development Company						30-045-27493				
Address										
P.O. Box 2810, Farmi	ngton, New Mexi	.co 87499	9							
Reason(6) for Filing (Check proper box)			Oth	er (Please expla	in)					
vew Well	Change in Tran	asporter of:								
Recompletion	Oil 🔲 Dry	Gas 🖳								
Change in Operator	Casinghead Gas Cor	ndensate								
change of operator give name										
ad address of previous operator								•		
I. DESCRIPTION OF WELL					1 4		T .			
.case Name	ŧ 1		State			Lease Lease No.				
Jack Bingham	1 B	sisti Low	er Gallu	p		ate B-10894				
Location		,	a . 1	17/	۸	-				
Unit LetterO	.:Fcc	t From The	South Lin	c and	<u>∪</u> Fc	et From The $\frac{1}{2}$	Last	Line		
22	A A REAL PROPERTY.		4	G -	T			.		
Section 32 Township	, 25N Rar	nge W	, NI	мрм, Sa	n Juan			County		
m macroniamioni on mp ini	CDODEED OF OU	A NITS NEA COVER	DAT CAC							
II. DESIGNATION OF TRANS	C dt-	AND NATU	Address (Giv	or address to wi	hich approved	come of this form	is to be se	ent)		
· [4]				Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, N.M. 87499						
Giant Refining Vame of Authorized Transporter of Casing	thead Gas or I	Ory Gas				copy of this form				
value of Audionzed Transporter of Casing	picau Gas Of I	519 Cas	Thomas (O.)	c ddd ess io w	acis appi orca	copy of the join		,		
f well produces oil or liquids,	Unit Sec. Tw	p. Rgc.	Is gas actuall	y connected?	When	?				
ve location of tanks.	M 32 25		No	,	j					
this production is commingled with that f	rom any other lease or pool,	give comming!	ing order num	ber:						
V. COMPLETION DATA	•									
	Oil Well	Gas Well		Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v		
Designate Type of Completion -	- (X) X		<u> </u>	<u> </u>	1					
Date Spudded	Date Compl. Ready to Pro-	d.	Total Depth	0.61		P.B.T.D.				
12-26-89	1-19-90		49261			4881'				
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay 4741 ¹			Tubing Depth 4823					
6430' GLE Gallup			47	41		Depth Casing Shoc				
erforations						Ceptil Casing 5	nioc .			
4741' - 4750'	munnio ou	CDVC AND	CEN CENTRE	NC DECOR		<u> </u>				
			CEMENTING RECORD			SACKS CEMENT				
HOLE SIZE	CASING & TUBIN	IG SIZE	DEPTH SET			200 sks (236 cu. ft.)				
12-1/4'' 7-7/8''	8-5/8" 5-1/2"		314' 4925'			585 sks (1733 cu. ft.)				
7-7/8	2-3/8"	48231			JOJ SKS (17) Cu. 11.					
	2-3/6		4023			1772		W E		
'. TEST DATA AND REQUEST FOR ALLOWABLE			L							
IL WELL (Test must be after re	ecovery of total volume of lo	ad oil and must	be equal to or	exceed top allo	omible for this	depth of be for	full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Test		Producing M	ethod (Flow, pu	uny, gas lift, e	tc.)		7 1300		
2-6-90 1-19-90	2-9-90		Pum	ping			e t			
ength of Test	Tubing Pressure		Casing Pressure			Choke Size				
24 hrs	29		29			1/4"				
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF				
- -	110		1			38				
CACAURIA										
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbis. Conder	sate/MMCF		Gravity of Con	densate			
neuri i iod. i cat - mei i i	Longar or Tool									
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Press	ure (Shut-in)		Choke Size				
A ODED ATOD CERTIFIC	ATE OF COMPLE	ANCE	1			······································				
VI. OPERATOR CERTIFIC			(OIL CON	ISERV	ATION D	IVISIO	NC		
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.			Date Approved MAR 07 1990							
()			Date	> √hhioae	·u					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Signature Aldrich L.

FEB 1 4 1990

Printed Name

Date

Kuchera

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

By.

SUPERVISOR DISTRICT #3

2) All sections of this form must be filled out for allowable on new and recompleted wells.

President

Title (505) 326-3325

Telephone No.

- 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.