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Appropriate District Office
DISTRICT 1
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DISTRICT II P.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

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

DECLIECT FOR ALLOWARIE AND AUTHORIZATION

I.			SLE AND AUTH		1		
Operator	TO TRANSPORT OIL				I API No.		
Hixon Development Com		30÷045 <i>~27545 </i>					
Address						0.7600	
P.O. Box 2810, Farming	gton, New Mex	xico 87499					
Reason(s) for Filing (Check proper box)		, , , , , , , , , , , , , , , , , , , ,	Other (Please	e explain)			
New Well	- -	n Transporter of:					
Recompletion	Oil _	Dry Gas					
Change in Operator	Casinghead Gas	Condensate					
and address of previous operator			······································			·····	
II. DESCRIPTION OF WELL	AND LEASE						
Lease Name	Well No.	Pool Name, Includ	ing Formation	Kin	d of Lease	Lease No.	
Pete Morrow	2	1	itland Coal	Stat	e, Federal or Fee	SF 078064	
Location							
Unit LetterG	:1650	_ Fect From The	North Line and	1975	Feet From The	East Line	
Section 1 Township	_p 25N	Range 12	W, NMPM,	San Ju	ıan	County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS							
Name of Authorized Transporter of Oil	or Conde		Address (Give address	to which approve	ed copy of this form	n is to be sent)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent)							
Hixon Development Comp	P.O. Box 2810, Farmington, New Mexico 87499						
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rgc.	Is gas actually connect	ed? Who	en ?	·	
f this production is commingled with that f	from any other lease or	nool give commine	No				
V. COMPLETION DATA	ioni any onici icase oi	poor, give comming	ing order number.				
	Oil Well	Gas Well	New Well Workov	ver Deepen	Plug Back Sa	ame Res'v Diff Res'v	
Designate Type of Completion -	· (X)	X	i x i	į	i	i	
Date Spudded	Date Compl. Ready to	o Prod.	Total Depth		P.B.T.D.	P.B.T.D.	
1-5-90	1-29-90		1375'		1323'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
6275 GLE Perforations	Basal Coa	11	1183'		Depth Casing Shoe		
1183' - 1204'			Depair casing s	,,,,,,			
1103 1204	TUBING	CASING AND	CEMENTING REC	CORD	1		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
8-3/4"	7''		132.5'		60 sks (70.8 cu. ft.)		
6-1/4"	4-1/2"		1360'		160 sks (254.8 cu. ft.)		
	1-1/2"		1180'				
A TECT DATA AND DECLIES	T EOD ALLOW	ADIE	<u> </u>		\perp $=$ $\{i\}$		
V. TEST DATA AND REQUES OIL WELL (Test must be after re			be equal to or exceed to	on allowable for t	his depth or herfole	full 24 hours 1	
Date First New Oil Run To Tank	Date of Test	oj toda ou ana musi	Producing Method (Fla			FRI 5 1900	
	Date of You		, , , , , , , , , , , , , , , , , , , ,	71 176 7	•	() and the contract of the co	
Length of Test	Tubing Pressure		Casing Pressure		Choke Size	M. C.O. C. DIV	
•						5187 9	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas- MCF		
GAS WELL	L.,		L			·	
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate		
311	24 hrs		Casing Pressure (Shut-in)		Choke Size	·	
Testing Method (pitot, back pr.)	Tubing Pressure (Shu	i-ın)		in)			
	12		39		1/2"		
VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION						IVISION	
I hereby certify that the rules and regula Division have been complied with and t	3.2 3						
is true and complete to the best of my knowledge and belief.			Date Appre	oved	MAR 26 19	9 0	
12.11		Date Appli	UVUU				
Clepul Cleulury			By 3.1) d. 1				
Signature Aldrich L. Kuchera President			Ву				
Printed Name Title			Title	SUPER	IVISOR DIST	RICT 13	
FEB 1 4 1990			''''				
Date	Tele	ephone No.					

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.