Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

ka	1	OTHA	11/27	OH I OIL	AND NA	TURAL GA		. 5.1 3.1			
Operator								API No.	_		
Hixon Development Company						30-045-27735					
Address				07400	•					:	
P.O. Box 2810, Farmin	gton, N	ew Mex	cico	87499							
Reason(s) for Filing (Check proper box)			_	_	U Oth	cr (Please explo	un)				
lew Well XX Change in Transporter of:    Completion											
Recompletion 📙											
Change in Operator	Casinghead	Gas 🔝	Conder	isate	<del>, . ,</del>						
f change of operator give name											
and address of previous operator					······································					•	
II. DESCRIPTION OF WELL	AND LEA	SE								<u> </u>	
ease Name Well No. Pool Name, Includ					ng Formation			of Lease		case No.	
Carson Unit 14 324 Basin Frui					itland C	oal	1	State, Federal or Fee SF 07800		78067	
Location							10	derar			
Unit Letter N	. 7	05	Feet Fr	nom The So	outh Lin	c and 208	Ġ Fe	et From The	West	Line	
Ome Date:	- •										
Section 14 Township	<sub>25N</sub>		Range	121	W, N	мрм,	San Ju	an		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)					
•	لــا										
Name of Authorized Transporter of Casing	ghead Gas		or Dry	Gas X	Address (Gir	ve address 10 w	hich approved	copy of this for	m is to be se	:nt)	
Hixon Development Company					PO Box 2810, Farmington, N.M. 87499						
f well produces oil or liquids,   Unit   Sec.   Twp.   Rge						ly connected?	When				
give location of tanks.	i	No				<u> </u>					
f this production is commingled with that i	from any other	er lease or	pool, gi	ve comming!	ing order num	ber:					
V. COMPLETION DATA	,			Ū	Ū						
V. COM BELLON SILLI		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back S	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	1	i	X	i X	1	i ·	i i		İ	
Date Spudded		I. Ready to	Prod.		Total Depth	.l	J	P.B.T.D.			
5-10-90	Date Compl. Ready to Prod. 6-16-90				1335'			1290.49'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas				Tubing Depth		
6414' GLE								1143.			
Perforations	lluici	- Bu			1167'	·		Depth Casing		····	
1167' - 1181'											
1107 1101		TIDING	CASI	NIC AND	CEMENTI	NG RECOR	D	<u>, '</u>			
	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
HOLE SIZE	7"				126.291			60 sks.			
8-3/4"								155 sks.			
6-1/4"	4-1/2"				1334.66'			133 SRS.			
	1-1/2"				1143.91'						
The second secon	m ron A	LLOW	DIR						·		
V. TEST DATA AND REQUES	T FOR A	LLUYY	w	•		ad ton all	aughle for the	e denth or he fo	r full 24 hou	rs.)	
OIL WELL (Test must be after r			of load	ou and musi	De equal to of	cthod (Flow, pr	umn age lift	esc.)	7 72.2.7 7.5		
Date First New Oil Run To Tank	Date of Tes	in l	7º 10	P 2 8	Producing M	eulou (Flow, pi	υτφ, χω τητ,				
		11.0				M 5 1	15 W V	Clake Size:			
Length of Test	Tubing Pres	SSIRC			Games III	יו או עיויי	9 6 1	75.			
·		are	1110	<del>2-2-100</del>			<u> </u>	Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			<del>2 2 199</del> (		JUL	N 2 18 199	3h			
		Oll	CC	DN. D	14.		7	<u> </u>			
GAS WELL		~ 50	# <b>1</b> € 1	ZIV.	'IV.	OIL (	CON.	DI,	•		
Actual Prod. Test - MCF/D	Length of	l'est	· Di	<del>) [, 3</del>	Bbls. Conde		DIST. 3	Gravity of Co	odensale		
25		hrs.			1	ļ	791. 3				
Tosting Method (pitot, back pr.)	Tubing Pre		t-in)		Casing Press	ure (Shut-in)		· Choke Size			
a county mentod (puot, odek pr.)	7		/			62		1/4'	1		
	<u> </u>			100	ا						
VI. OPERATOR CERTIFICATE OF COMPLIANCE						01.001	JSERV	ATION [	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above								<b>AUG</b> 2 2	199Ü		
is true and complete to the best of my knowledge and belief.					Date	e Approve	ed	<del></del>			
1 1 -	a 1	#	_				-	/	1 ,		
Malan C.	intel	H_			By_		Bin	1) Ol	men/		
Signature Combatt	00 D	.ida-+	_ F	loratio	11		SHEE	MICODO	077:00	4.0	
	ce Pres			rorac10	FI		SUPE	AVISOR DI	STRICT	13	
Printed Name	(505)	326-3	325		Title						
Date / 26/9C			phone l	No.							
				ment of the second	s Turkers Park our offs	Outenate and Span	in towards or on	esta supera estado		كالمستنب المستنب	
					-						

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.