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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. 30-045-27783
Address P.O. Box 2810, Farmington, N.M. 87499	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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 Carson Unit 11	Well No. 332	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee Federal	Lease No. SF 078067
Location Unit Letter <u>G</u> : <u>1700</u> Feet From The <u>North</u> Line and <u>1700</u> Feet From The <u>East</u> Line Section <u>11</u> Township <u>25N</u> Range <u>12W</u> , NMPM, <u>San Juan</u> 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)					
Hixon Development Company	P.O. Box 2810, Farmington, N.M. 87499					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
					No	

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 type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 4-17-90	Date Compl. Ready to Prod. 5-30-90		Total Depth 1275'		P.B.T.D. 1238.12'			
Elevations (DF, RKB, RT, GR, etc.) 6353' GLE	Name of Producing Formation Fruitland Basal Coal		Top Oil/Gas Pay 1180'		Tubing Depth 1171'			
Perforations 1180' - 1193'					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
8-3/4"	7"	127.03'	60 sks.
6-1/4"	4-1/2"	1275.88'	155 sks.
	1-1/2"	1171'	

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.)

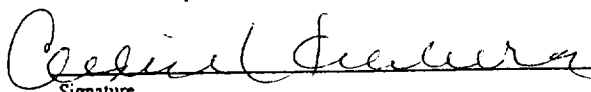
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
		JUN 20 1990	

OIL CON. DIV

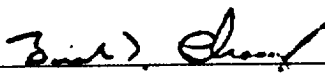
GAS WELL	Actual Prod. Test - MCF/D 18.5	Length of Test 24 hrs.	Bbls. Condensate/MMcf DIST. 3	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 4 psi	Casing Pressure (Shut-in) 73 psi	Choke Size 1/4"	

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
Printed Name JUN 18 1990
Date
(505) 326-3325
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 13 1990
By 
Title SUPERVISOR DISTRICT #3

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.