Submit 5 Coxies
Appropriate District Office
DISTRICT I
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

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

DISTRICT III	Santa Fe, New Mexico 67304-2066								
	UEST FOR ALLOWABLE AND AUTHOF								
[ <b>.</b>	TO TRANSPORT OIL AND NATURAL O	ias							
Openior Giant Exploration & Produ	ction Company	Well API No. 30-045-27782							
Address P.O. Box 2810, Farmington,	New Mexico 87499 Ope	s. Change (ruly							
Reason(s) for Filing (Check proper box)	Other (Please exp	olain) ()							
New Well	Change in Transporter of:	/							
Recompletion Oil	☐ Dry Gas ☐								
Change in Operator	ad Gas Condensate Effect	ive July 1, 1990							
Change of operator give name Hixon Development Company, P.O. Box 2810, Farmington, N.M. 87499									
I. DESCRIPTION OF WELL AND LE	EASE								
Lease Name	Well No. Pool Name, Including Formation	Kind of Lease No.							
Ananya Hixon	3 Bisti Lower Gallup	State, Federal or Fee NM 57577							
Location									
	980 Feet From The North Line and 231	O Feel From The West Line							
Section 29 Township 2	25N Range 11W , NMPM,	San Juan County							
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS									
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)									

If well produces oil or liquids,	Unit	S∞c.	Twp	. R	ge. Is gas actuall	Is gas actually connected? When			7			
this production is commingled with the V. COMPLETION DATA	at from any	other lease	or pool,	give commi	ngling order num	ber:						
V. COMPLETION DATA		loi W	(all	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completio	n - (X)	100 11	1	Oas Well	1				i	_i		
Date Spudded		Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of	Name of Producing Formation			Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe				
I CHOLEBONG												
		TUBIN	G, CA	SING AN	D CEMENTI			<del></del>				
HOLE SIZE	(	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
		<del></del>		<b>7</b> 3								
V. TEST DATA AND REQU	EST FOR	ALLO	WABL	.E			lawahla far th	ie death ar he	for full 24 hos	urs.)		
OIL WELL (Test must be afte			ne of lo	id oil and m	ust be equal to or	exceed top ut	ween pas lift	etc )	<i>jei jai 21 ii</i>			
Date First New Oil Run To Tank	Date of	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
	_				Casing Press	ım P	3 1E @	Sold Silv	16 11 3 T			
Length of Test	Tubing	Tubing Pressure			Casing rices	1	D) IZ W	9 26 6 6	יטן –			
Actual Prod. During Test	Oil B	Oil - Bbls.			Water - Bbls		W-	Gas- MCE	<u> </u>			
	OH - BC					•	JUI	3 1990				
GAS WELL							Oll	CON.	Div			
Actual Prod. Test - MCF/D	Length	Length of Test			Bbls. Conde	nsate/MMCF	<del>-OIL</del>	Gravity of	Condensate	•		
							·	UI31. U				
Testing Method (pitot, back pr.)	Tubing	Tubing Pressure (Shut-in)			Casing Press	Casing Pressure (Shut-in)			Choke Size			
	1						<u>:</u>					
VI. OPERATOR CERTIF	CATE	OF CON	MPI I	ANCE			NOTE:	/A TION	DIVIO	<b>A</b> I		
VI. OF ERVITOR CERTIF		JI COL			- 11 '	OIL CO	NSEHV	'A HON	DIAIPIG	NI C		

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

I hereby certify that the rules and regulations of the Oil Conservation

Aldrich L. Kuchera

Printed Name JUN 2 2 1990

Date

Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

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

Title

Date Approved

JUL 0 3 1990

SUPERVISOR DISTRICT #3

はしんと

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

President

(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.