

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

RECEIVED
JAN 23 1989
OIL CON. DIV.
DIST. 3

Operator Hixon Development Company	
Address P.O. Box 2810, Farmington, New Mexico 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sam Jackson State <i>Conn</i>	Well No. 1	Pool Name/ Including Formation <i>Wells</i> Fruitland-PC	Kind of Lease State, Federal or Fee State	Lease No. LG-2062
Location Unit Letter <i>K</i> ; <i>1850</i> Feet From The <i>South</i> Line and <i>1850</i> Feet From The <i>West</i> Line of Section <i>32</i> Township <i>26N</i> Range <i>12W</i> , NMPM, <i>San Juan</i> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

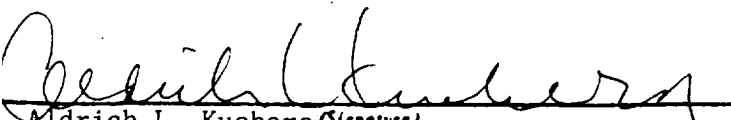
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Hixon Development Company	P.O. Box 2810, Farmington, N.M. 87499
El Paso Natural Gas Co.	P.O. Box 989, Farmington, N.M. 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected with _____ Yes Effective 1-18-89

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.


Aldrich L. Kuchera (Signature)
President/CEO
January 20, 1989 (Date)

OIL CONSERVATION DIVISION

APPROVED JAN 23 1989
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 2

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.