

OIL CONSERVATION DIVISION
 P. O. BOX 2000
 SANTA FE, NEW MEXICO 87501

OPERATOR	
TRANSPORTER	
LAND OFFICE	
REG. NO.	
FILE	
DISTRICT	
EXPLORATION	

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Hixon Development Company

Address
P.O. Box 2810, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

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

DESCRIPTION OF WELL AND LEASE

Lease Name Chaco Wash Com.	Well No. 2	Pool Name, Including Formation Bisti Farmington	Kind of Lease State, Federal or Fee State	Lease No. E-3148-7
--------------------------------------	----------------------	---	--	------------------------------

Location
 Unit Letter **I**; **1850** Feet From The **south** Line and **790** Feet From The **east**
 Line of Section **32** Township **26 North** Range **12 West**, NMPM, **San Juan** County

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)
El Paso Natural Gas Company	P.O. Box 990, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	No Waiting on approval

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					

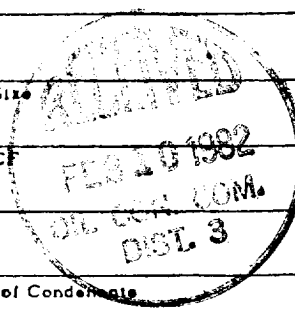
Date Spudded 1/4/82	Date Compl. Ready to Prod. 1/29/82	Total Depth 1200'	P.B.T.D. 690'
Elevations (DF, RKB, RT, GR, etc.) 6092' GLE	Name of Producing Formation Farmington	Top Oil/Gas Pay 607'	Tubing Depth 623'
Perforations 607'-611' and 637'-645'			Depth Casing Shoe 1196'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9-7/8" to 79'	7" 20# 8rd	71'	35 sacks circulated
5-1/4" to 1200'	2-7/8" 6.5# 8rd	1196'	150 sacks circulated
	1-1/4" 2.3#	623'	

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water-Bbls.	Gas-MCF
Actual Prod. During Test	Oil-Bbls.		



GAS WELL

Actual Prod. Test-MCF/D 104 AOF	Length of Test 3 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (psig, back pr.) Back Pressure	Tubing Pressure (#bat-in) 248	Casing Pressure (#bat-in) 0	Choke Size 1/4"

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.

Alvin L. Leubers
 (Signature)
 Petroleum Engineer
 (Title)
 2/8/82
 (Date)

OIL CONSERVATION DIVISION
FEB 10 1982

APPROVED _____, 19____
 BY **Original Signed by FRANK T. CHAVEZ**
 TITLE **SUPERVISOR DISTRICT # 3**

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.