

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR	
TRANSPORTER	
OPERATION	
REGISTRATION OFFICE	

Hixon Development Company

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

Reason(s) for filing (check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name  
and address of previous owner

## 1. DESCRIPTION OF WELL AND LEASE

Lease Name Chaco Wash Com.	Well No. 1J	Pool Name, including Formation WAW-Fruitland-PC	Kind of Lease State, Federal or Fee State	Lease No. E-3148-7
Location Unit Letter <u>I</u> : <u>1800</u> Feet From The <u>south</u> Line and <u>790</u> Feet From The <u>east</u> Line of Section <u>32</u> Township <u>26North</u> Range <u>12 West</u> , NMPM, <u>San Juan</u> County				

## 2. 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.	Unit	Sec.	Twp.	Rge.
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:

## 3. 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 1/21/82	Date Compl. Ready to Prod. 1/25/82		Total Depth 1326'		P.B.T.D. 1077'			
Elevations (DF, RKB, RT, GR, etc.) 6092' GLE	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 1060'		Tubing Depth 1057'			
Perforations 1060'-72' 25 0.29" holes and 1080'-86' 13 0.29" holes					Depth Casing Shoe 1331'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9-3/4"	7"		80'		50 sx circulated			
5-1/4"	2-7/8"		1321'		150 sx circulated			
	1-1/4"		1057'					

## 4. 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D 78	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pump, back pr.) Back pressure	Tubing Pressure (shut-in) 183 psi	Casing Pressure (shut-in) 221 psi	Choke Size 1/4"

## 5. 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.

Richard L. Lischer  
(Signature)  
Petroleum Engineer  
(Title)  
2/18/82  
(Date)

## OIL CONSERVATION DIVISION

FEB 22 1982

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Original Signed by CHARLES G. HOLSON  
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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.