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SANTA FE			
FILE			
U.\$.G.\$.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104		
Supersedes Old C-104	and	C-110
Effective 1-1-65		

	SANTA FE	REQUEST I	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
	FILE		AND		
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL (GAS	
	OIL				
	TRANSPORTER GAS			,	
	OPERATOR				
ı.	PRORATION OFFICE				
	Operator Top				
	Bixco, Inc.				
1	P.O. Pox 255, Farm	ington NM 87401			
	Reason(s) for filing (Check proper box)	ingcon, Mi 0,431	Other (Please explain)		
	New Well	Change in Transporter of:			
	Recompletion	Oil Dry Ga	s 📙		
	Change in Ownership	Casinghead Gas Conden	sate		
	If change of ownership give name	27.14			
	and address of previous owner	N/A			
	DESCRIPTION OF WELL AND I	FASE			
EI.	Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Leas	Federal Lease No.	
	Gass	2 WAW Fr-PC exte	ension State, Feder	NM-33034	
	Location				
	Unit Letter 0 : 75	90 Feet From The South Lin	e and 1859 Feet From	The East	
	0	nship 27N Range	13W , NMPM, Sai	Juan County	
	Line of Section 8 Tow	nship 27N Range	13h Jan	Гуцан	
HTT	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	s		
111.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)	
	N/A		Address (Give address to which appro	oved conv of this form is to be sent)	
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X	}		
	El Paso Natural Gas Co	Unit Sec. Twp. P.ge.	P.O. Box 990, Farming	ton, NM 87401	
	If well produces oil or liquids, give location of tanks.	ont sec. Two inger	1	Indefinite hook-up	
	1	that from one other lease or pool		N/A	
IV	If this production is commingled wit COMPLETION DATA	h that from any other lease of pool,			
14.		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.	
	Designate Type of Completio		X Total Depth	P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	•		
	10/30/80	12/11/80 Name of Producing Formation	1490 * Top Oil/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.) 5976 Gr.	Pictured Cliffs Ss.	1315'	1310'	
	Perforations	rictured Cillis 55.	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Depth Casing Shoe	
	1315 to 1325 feet	·		14681	
			CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		
	8 3/4"	7'', 17.0#,H-40	109'	50 sx. Class B Pozmix	
	5 1/4"	2 7/8",6.5#, J-55 1 1/4",2.4#, J-55	1310'		
				115 M Av.	
w	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load of	l and must be removed or exceed top allow-	
٧.	OIL WELL		prih or be for full 24 hours) Producing Method (Flow, pump, gas		
	Date First New Oil Run To Tanks	Date of Test	producing Method (1 tow, pamp, and		
		Tubing Pressure	Casing Pressure	Chora Sign	
	Length of Test			0//	
	Actual Prod. During Test	Oil-Bble.	Water - Bbls.	Can-May Con	
				1 -83 -M	
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test		N/A	
	340 AOF Testing Method (pitot, back pr.)	3 hrs. Tubing Pressure(Shut-in)	None Casing Pressure (Shut-in)	Choke Size	
	Back Pressure	247 psi	249 psi	3/4"	
***	CERTIFICATE OF COMPLIAN	<u></u>	OIL CONSERV	ATION COMMISSION	
VI.	CERTIFICATE OF COMPETAN	02	DEC 3	798 COMMISSION	
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		BY Original Signed by FRANK T. LHAVEZ		
Commission have been complied with and that the complete to the best of my knowledge and belief, above is true and complete to the best of my knowledge and belief.			TITLESUPERVISOR DISTRICT # 3		
1 .10					
	MM X Share		This form is to be filed in compliance with RULE 1104.		
MI OPEET			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		
	(Sign	ature)	Il and taken on the Well ID accordance with the con-		
	Agent (Title) December 23, 1980 (Date)		All sections of this form must be filled out completely for allowable on new and recompleted wells.		
			II man a male de malana T	TI TIT and UT for changes of owner,	
			well name or number, or transp	orter, or other such change of condition	