OIL CONSERVATION DIVISION P. O. HOX 2088 SANTA FE, NEW MEXICO 87501

ſ.	PEQUEST FOR ALLOWABLE AND OFFICE PRODUCT FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
	Hixon Development Company						
	P.O. Box 2810, Farmington, New Mexico 87499						
	Reason(s) for filing (Check proper bax) Change in Transporter of:						
ı	New Well Recompletion Oil Dry Gas						
	Change in Ownership X	Casinghead Gas Conde	erisote	·			
	If change of ownership give name and address of previous owner	Shell Oil Company, Box 8	831, Houston, Tex	as 77001	<u>L</u>		
1.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including	Formution	Kind of Leas	•	Lease No.	
	CARSON UNIT	allup .	I see a Sederal or See				
	Location)Feet From The <u>South</u> Li	. 1076	Feet From "	The Fact		
	Unit Letter 0 : 660	Feet From The SOULD LI	ne and	/ 401 / 10111	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	
	Line of Section 18 Tow	waship 25N Range	11W , NMPM,	San Jua	3 n	County	
7.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS	a which approx	ued copy of this form is t	o be sent)	
	Name of Authorized Transporter of Cil Four Corners Pipeline	Box 1588, Farmington, New Mexico 87499					
	Name of Authorized Transporter of Cas	Address (Give address to which approved copy of this form is to be sent)					
	EPNG CO:	Unit Sec. Twp. Rgs.	Is gas actually connecte	d? Whe	rn		
	If well produces oil or liquids, give location of tanks.	P 13 25N 12W					
	If this production is commingled wit	h that from any other lease or pool,	give commingling order	number:			
٧.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res	'v. Diff. Res'v	
	Designate Type of Completio	Date Compl. Ready to Prod.	Total Depth	<u> </u>	P.B.T.D.		
	Date Spudded		Top Oil/Gas Pay		Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	700 011/012 7 07				
-	Perforations				Depth Casing Shoe		
-	TUBING, CASING, AND CEMENTING RECORD						
-	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	т .	SACKS CEM	ENT	
_							
-							
-	TEST DATA AND REQUEST FOR ALLOWABLE (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)						
i.	OII WELL						
_	Date First New Oil Run To Tanks	Date of 1001				•	
	Length of Test	Tubing Pressure	Casing Pressure	,	Choke Size		
-	Actual Prod. During Test	Oil-Bble.	Water - Bble.	DE	Gas-MCF		
_				TOIL (CON COM. /		
	GAS WELL				DIST. 3 Gravity of Channelle		
-	Actual Prod. Teal-MCF/D	Length of Test	Bbls. Condensate/MMCF		Cravity di Siladina		
-	Testing Method (putot, back pr.)	Tubing Pressure (Shat-is)	Cosing Pressure (Shat-	in)	Choke Size		
- 7.	CERTIFICATE OF COMPLIANC	OIL CONSERVATION DIVISION					
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.			APPROVED 19				
			Original Signed by CHARLES GHOLSON				
	above is true and complete to the			TITLE DEPUTY OF & SAS MORECULA, SINGLY			
			The farm to to be filed in compliance with RULE 1104.				

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Aldrich L. Kuchera -12/8/82

(Date)

If this is a request for allowable for a newly drilled or despaned well, this form must be accumpanted by a tabulation of the deviation tests taken on the well in accordance with NULE 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.

Reparate Forms C-104 must be filed for each pool in multiply united wolls.