

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |  |
|------------------------|--|
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| SANTA FE               |  |
| FILE                   |  |
| U.S.G.                 |  |
| LAND OFFICE            |  |
| TRANSPORTER            |  |
| OPERATOR               |  |
| REGISTRATION OFFICE    |  |
| Operator               |  |

Hixon Development Company

P.O. Box 2810, Farmington, New Mexico 87499

|   |                          |                           |                                     |
|---|--------------------------|---------------------------|-------------------------------------|
| Person(s) for filing (Check proper box) |                          | Other (Please explain)    |                                     |
| New Well                                | <input type="checkbox"/> | Change in Transporter of: |                                     |
| Recompletion                            | <input type="checkbox"/> | Oil                       | <input checked="" type="checkbox"/> |
| Change in Ownership                     | <input type="checkbox"/> | Casinghead Gas            | <input type="checkbox"/>            |
|   |                          | Dry Gas                   | <input type="checkbox"/>            |
|   |                          | Condensate                | <input type="checkbox"/>            |

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## DESCRIPTION OF WELL AND LEASE

|                 |          |                                   |                               |                       |
|-----------------|----------|-----------------------------------|-------------------------------|-----------------------|
| Lease Name      | Well No. | Pool Name, Including Formation    | Kind of Lease                 | Lease No.             |
| CARSON UNIT     | 32-13    | Bisti Lower Gallup                | State, Federal or Fee Federal | SF078064              |
| Location        |          |                                   |                               |                       |
| Unit Letter     | G        | 1980 Feet From The North Line and | 1980 Feet From The East       |                       |
| Line of Section | 13       | Township 25N                      | Range 12W                     | NMPM, San Juan County |

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |      |
|--|--|------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |      |
| Ciniza Pipeline  | P.O. Box 940, Farmington, New Mexico 87499                               |      |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |      |
| EPNG Co.   | P.O. Box 990, Farmington, New Mexico 87499                               |      |
| If well produces oil or liquids,<br>give location of tanks.  | Unit   | Sec. |
|  | P  | 13   |
|  |  | 25   |
|  |  | 12   |
|  |  |      |

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. |
|                                    |                             |          |                 |          |                   |           |             |              |
| Date Spudded                       | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.          |           |             |              |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation |          | Top Oil/Gas Pay |          | Tubing Depth      |           |             |              |
| Perforations                       |                             |          |                 |          | Depth Casing Shoe |           |             |              |

## TUBING, CASING, AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

## 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    |

OIL CON. DIV.

DIST. 3

## GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D          | Length of Test            | Bbls. Condensate/MCF      | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size            |

## 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.

Eveline J. Lickford

Administrative Supervisor

August 9, 1985

(Date)

## OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

AUG 13 1985

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.