

## P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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LAND OFFICE		
TRANSPORTER	UNIT	
	QAS	
OPERATOR		
FORMATION OFFICE		
Operator		

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"/> Dry Gas <input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>

Other (please explain)

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.
Virginia State	3	WAW-Fruitland-PC	State, Federal or Fee State	E-6597-2
Location				
Unit Letter	M	: 790	Feet From The	south
			Line and	790
			Feet From The	west
Line of Section	2	Township	25 North	Range
				12 West
				, NMPM,
				San Juan
				County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF WELL OR OTHER SOURCE OF GAS FOR REGISTRATION OF THIS WELL					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>						
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: \_\_\_\_\_ )

### COMPLETION DATA

Completion Data		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)			X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
4-28-80	7-10-80		1405'		1360'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
6282' GLE	Pictured Cliffs		1170'		1216.84'				
Perforations						Depth Casing Shoe			
1170'-1180'						1386.92'			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9"	7" 20#	40.57'	35 sacks circulated
5-1/8"	2-7/8" 6.5#	1386.92'	150 sacks circulated

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 less than 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


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DIST. 3

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
70.8	3		
Testing Method (puot. back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size
Back Pressure	203	210 psig	3/8"

## CERTIFICATE OF COMPLIANCE

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.

  
(Signature)  
Petroleum Engineer  
(Title)  
August 13, 1980  
(Date)

## OIL CONSERVATION DIVISION

APPROVED AUG 1 1980 AUG 1 1980  
BY Original Signed by FRANK T. CHAVEZ  
TITLE SUPERVISOR DISTRICT #3

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 logs 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 Form C-104 must be filed for each pool in multiply completed wells.