

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

3095/N

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DISTRIBUTION	
SANTA FE	
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LAND OFFICE	
TRANSPORTER	
OPERATOR	
FORMATION OFFICE	

Operator: Hixon Development Company

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

RECEIVED
NOV 27 1984

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change In Transporter of: Oil Dry Gas

Recompletion Casinghead Gas Condensate

Change In Ownership

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name A. P. Hixon	Well No. 1-E	Pool Name, including Formation Bisti Lower Gallup	Kind of Lease State, Federal or Fee Indian	Lease No. N00-C-14-20-5245
Location Unit Letter <u>A</u> ; <u>790</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>East</u>				
Line of Section <u>21</u> Township <u>25N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Transportation Refining Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, N.M.
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit: <u>A</u> Sec: <u>21</u> Twp: <u>25N</u> Rge: <u>11W</u>	Is gas actually connected? <u>No</u> When <u>N/A</u>

If this production is commingled with that from any other lease or pool, give commingling order numbers:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>8/6/84</u>	Date Compl. Ready to Prod. <u>10/18/84</u>	Total Depth <u>5960' KB</u>	P.B.T.D. <u>5012' KB 5922</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>6465' KB</u>	Name of Producing Formation <u>Lower Gallup</u>	Top Oil/Gas Pay <u>4898' KB</u>	Tubing Depth <u>4810' KB</u>					
Perforations <u>4898' - 4912' and 4918' - 4932'</u>			Depth Casing Shoe <u>4964.32' KB</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 - 1/4"</u>	<u>8-5/8", 24#</u>	<u>371.47' KB</u>	<u>250 Sks</u>
<u>7 - 7/8"</u>	<u>5 - 1/2", 15.5#</u>	<u>5964.32' KB</u>	<u>750 Sks</u>
	<u>2 3/8</u>	<u>4810</u>	

V. 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 <u>10/16/84</u>	Date of Test <u>11/26/84</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>25 psig</u>	Casing Pressure <u>60 psig</u>	Choke Size <u>1/2"</u>
Actual Prod. During Test <u>26 BO</u>	Oil-Bbls. <u>26</u>	Water-Bbls. <u>60</u>	Gas-MCF <u>9.4</u>

GAS WELL

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

VI. 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.

Cesar Hernandez
(Signature)
Petroleum Engineer
(Title)
November 26, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 27 1984, 10
BY Original Signed by FRANK T. CHAVEZ
TITLE 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 recompleted wells.