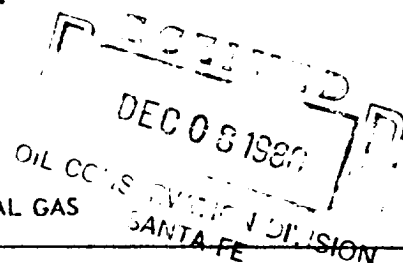


OIL CONSERVATION DIVISION

P. O. BOX 2086

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

Operator <b>Bixco, Inc.</b>	
Address <b>P.O. Box 20864 Phoenix, AZ 85036</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Trail Canyon</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Blanco Mesa Verde</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>NM33054</b>
Location Unit Letter <b>N/A</b> : <b>790</b> Feet From The <b>FNL</b> Line and <b>920</b> Feet From The <b>FEL</b> Line of Section <b>8</b> Township <b>32N</b> Range <b>8W</b> , NMPM, <b>San Juan</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>N/A</b>	Address (Give address to which approved copy of this form is to be sent) --	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Northwest Pipeline Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1526 Salt Lake City, UT 84110</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>Sec.</b> <b>Twp.</b> <b>Rge.</b>	Is gas actually connected? When <b>No</b> <b>1/81 (Est.)</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **N/A**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<b>XX</b>	<b>XX</b>					
Date Spudded <b>11/26/79</b>	Date Compl. Ready to Prod. <b>1/28/80</b>	Total Depth <b>6100 MD</b>	P.B.T.D. <b>6083 MD</b>					
Elevations (D <sub>1</sub> , RT, GR, etc.) <b>6639' FL-6651' KB</b>	Name of Producing Formation <b>Blanco Mesa Verde</b>	Top Oil/Gas Pay <b>5692</b>	Tubing Depth --					
Perforations <b>5718-26, 5700-06, 5692-94-2ft.</b> <b>5979-90, 5958-74, 5908-44, 5865-79-1ft.</b>			Depth Casing Shoe <b>4055'</b>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>12 1/4"</b>	<b>9 5/8"</b>	<b>310'</b>	<b>285</b>					
<b>8 3/4"</b>	<b>7"</b>	<b>4055'</b>	<b>500</b>					
	<b>4 1/2 L</b>	<b>3693-6111</b>	<b>350</b>					
	<b>2 3/8</b>	<b>5869</b>						

V. 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)


Date First New Oil Run To Tanks <b>N/A</b>	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D <b>1728</b>	Length of Test <b>3 hr. calc.</b>	Bbls. Condensate/MMCF <b>0/300</b>	Gravity of Condensate --
Testing Method (pilot, back pr.) <b>Flow</b>	Tubing Pressure (shut-in) <b>122</b>	Casing Pressure (shut-in) --	Choke Size <b>3/4"</b>

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.

  
(Signature)  
**Engineer**  
(Title)  
**11/24/80**  
(Date)

OIL CONSERVATION DIVISION

APPROVED **JAN 8 1981**, 19  
Original Signed by **FRANK T. CHAVEZ**  
BY  
SUPERVISOR DISTRICT # **3**  
TITLE

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