

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator OXOCO Production Corp.	
Address 600 Woodway Tower, 4900 Woodway Drive, Houston, Texas 77056	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner Bixco, Inc., P. O. Box 20864, Phoenix, Arizona 85036

II. DESCRIPTION OF WELL AND LEASE

Lease Name Trail Canyon	Well No. 2	Pool Name, including Formation Undesignated Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. NM-33055
Location				
Unit Letter H ; 1560 Feet From The North Line and 830 Feet From The East				
Line of Section 18 Township 32 North Range 8 West , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	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"/>	Address (Give address to which approved copy of this form is to be sent)			
EI Paso Natural Gas Co.	P. O. Box 990, Farmington, NM 87401			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
Is gas actually connected?		When		
Yes		December, 1981		

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X						
Date Spudded 1/23/81	Date Compl. Ready to Prod. 4/28/81		Total Depth 7597'		P.B.T.D. 7597'			
Elevations (DF, RKB, RT, GR, etc.) 6720 Gr., 6733 KB est.	Name of Producing Formation Gallup		Top Oil/Gas Pay 7559'		Tubing Depth 2 3/8" @ 7542'			
Perforations None - open hole completion					Depth Casing Shoe 7559'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14 3/4"	10 3/4", 40.5#	288'	375
9 7/8"	7 5/8", 24.6#	3944'	375
6 3/4"	4 1/2", 11.6 & 10.5#	7559'	566

VI. 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

GAS WELL

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

VII. 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.

Paul L. Campbell
Paul L. Campbell (Signature)
Manager of Joint Interest Properties
(Title)

January 5, 1982

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 11 1982, 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 Forms C-104 must be filed for each pool in multiply completed wells.