

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
MAY 10 7 1987
OIL CON. DIV.
DIST. 3

I. Operator Hixon Development Company

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

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name and address of previous owner Dugan Production Corporation, P.O. Box 208, Farmington, New Mexico 87499-0208

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Divide</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Blanco MV/Gavilan Mancos</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM 28709</u>
Location				
Unit Letter <u>H</u> ; <u>1570</u> Feet From The <u>North</u> Line and <u>1030</u> Feet From The <u>East</u>				
Line of Section <u>35</u> Township <u>26N</u> Range <u>2W</u> , NMPM, <u>Rio Arriba</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"/> <u>Giant Refining Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 256, Farmington, New Mexico 87499</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Hixon Development Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2810, Farmington, New Mexico 87499</u>
If well produces oil or liquids, give location of tanks.	Unit <u>H</u> Sec. <u>35</u> Twp. <u>26N</u> Rge. <u>2W</u>
Is gas actually connected?	When <u>10-27-86</u>

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-418

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

Aldrich L. Kuchera
(Signature)
President
(Title)
May 7, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED Frank J. Dwyer MAY 17 1987
BY Supervisor
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 completed wells.