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Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | REOL | IEST F | OR AI | , I OWAF | BLE AND A | AUTHOR | IZATION | | | | |
|---|---|-----------------------------|---------------------------------------|-------------|--|--------------------------------------|----------------|---------------------------------|-------------------|-------------|--|
| | | | | | AND NAT | | | | | | |
| Operator | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Well API No. | | | | | | | | |
| Hixon Development Company Address | | | | | | 30-039-24172 | | | | | |
| P.O. Box 2810, Farming | gton, | New Me | xico | 87499 | | | | | | | |
| Reason(s) for Filing (Check proper box) | <u> </u> | | | | Othic | er (Please exp | olain) | - | | | |
| New Well | | Change in | _ | | | | | | | | |
| Recompletion \square | Oil | | Dry Ga | _ | | | | | | | |
| Change in Operator | Casinghea | ad Gas [] | Conder | isate | | , | | | | | |
| and address of previous operator | | | | | | | | | | | |
| II. DESCRIPTION OF WELL A | AND LE | | | | | | | | | | |
| Lease Name | Well No. Pool Name, Including | | | | Stat | | | i of Lease e, Federal or Fee | adami on Ess | | |
| Skip Hixon | | 1 | NI | E Ojito | Gallup/ | <u>Dakota</u> | 1 | icarilla | 117 | | |
| Location Unit LetterJ | :1 | 740 | _ Feet Fi | rom The _S | outh Line | e and | 2090 | Feet From The | East | Line | |
| Section 27 Township | , 26N | | Range | 3W | , NN | мрм, | Rio Arr | iba | | County | |
| III. DESIGNATION OF TRANS | SPORTE | O FO AS | II. AN | D NATI | RAL GAS | | | | | | |
| Name of Authorized Transporter of Oil | | or Conde | | | Address (Give | e address to v | which approve | ed copy of this form | is to be sent) | | |
| Giant Refinery | | | | | | P.O. Box 256, Farmington, N.M. 87499 | | | | | |
| ame of Authorized Transporter of Casinghead Gas or Dry Gas | | | | | 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 J | S∞. | Twp. 26N | Rgc. | Is gas actually Yes | | | une 1, 1988 | } | | |
| If this production is commingled with that for IV. COMPLETION DATA | rom any oth | her lease or | pool, gi | ve comming | ling order numb | жг | | | | | |
| Designate Type of Completion - | - (X) | Oil Well | 1 . | Gas Well | New Well | Workover | Deepen | Plug Back Sa | me Res'v D | iff Res'v | |
| Date Spudded | Date Compl. Ready to Prod. | | | | Total Depth | | | P.B.T.D. | P.B.T.D. | | |
| levations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | | Top Cil/Gas I | Pay . | | Tubing Depth | Tubing Depth | | |
| Perforations | | | | | | | | Depth Casing S | Depth Casing Shoe | | |
| | - | TUBING, | , CASI | NG AND | CEMENTIN | NG RECO | RD | | | | |
| HOLE SIZE CASING & TUBING SIZE | | | | | ļ | DEPTH SE | <u>T</u> | SAC | SACKS CEMENT | | |
| | <u> </u> | | · · · · · · · · · · · · · · · · · · · | | | | ··· | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| V. TEST DATA AND REQUES OIL WELL (Test must be after re | | | | | be equal to or | exceed top a | llowable for 1 | his depth or be for j | full 24 hours.) | | |
| Date First New Oil Run To Tank | | | | | Producing Method (Flow, pump, gas lift, etc.) | | | | | | |
| Length of Test | Tubing Pressure | | | | Casing Pressu | ire | | Choke Size | | | |
| Actual Prod. During Test | Oil - Bbls. | | | | Water - Bbls. | | RE | Gis- MCF | | | |
| GAS WELL | <u> </u> | | | | | | .12 | N1 1 1990 | 9 | | |
| Actual Prod. Test - MCF/D | Length of Test | | | | Bbls. Conden | sate/MMCF | OIL | Gravity of Cond | DN. DIV. | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | | | 120 - 1 | | | DIST: 3° | ••/ | | |
| VI. OPERATOR CERTIFIC. I hereby certify that the rules and regular Division have been complied with and to its true and complete to the best of my keep | ations of the | e Oil Consc ormation giv | rvation | | - | OIL CO | ed | VATION D | IVISION | l | |
| 1 11.011 | V | | , | (| 11 | | ۵., | | and the same | | |

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Aldrich L. Kuchera

Printed Name 1 0 1990

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Ву.

Title

SUPERVISOR DISTRICT /3

2) All sections of this form must be filled out for allowable on new and recompleted wells.

<u> President/CEO</u>

Title (505) 326-3325

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.