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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator	
HIXON DEVELOPMENT COMPANY, INC.	
Address	
341 MILAM BUILDING SAN ANTONIO, TEXAS	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	
If change of ownership give name and address of previous owner	
SUN OIL COMPANY Box 2880 SOUTHLAND CENTER DALLAS, TEXAS	

I. DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
CENTRAL BISTI UNIT	46	BISTI LOWER GALLUP	State, Federal or Fee
Lease No.			
Location			
Unit Letter 1 ; 1980 Feet From The SOUTH Line and 660 Feet From The EAST			
Line of Section 16 Township 25 Range 12 , NMPM, SAN JUAN County			

II. 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)	
SHELL PIPELINE CORP.		1215 S. LAKE AVE. FARMINGTON, N. M.	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
EL PASO NATURAL GAS CO.		B. REILLY HEIGHTS FARMINGTON, N. M.	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	C	5	25N
			12W
Is gas actually connected?		When	
YES			
If this production is commingled with that from any other lease or pool, give commingling order number:			

IV. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well
			Workover
			Deepen
			Plug Back
			Same Res'v.
			Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	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 (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		AUG 23 1971	
APPROVED _____, 19____		BY Original Signed by Emery C. Arnold	
TITLE SUPERVISOR DIST. #3		This form is to be filed in compliance with RULE 1104.	
Signature		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.	
EARTH SCIENCES COMPANY AGENT		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
(Title)		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.	
AUGUST 19, 1971		Separate Forms C-104 must be filed for each pool in multiple completed wells.	
(Date)			