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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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azicc, NM 87410

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

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I.		OTHA	NSP	JA I OIL.	ANDINA	TOTAL GA	Well A	PI No.			
Operator Hixon Development Company							30-0	45-05415			
Address Address					<u> </u>						
P.O. Box 2810, Farming	ton, N.	M. 8	7499		Oth	cr (Please expla	in)			1	
Reason(s) for Filing (Check proper box) New Well	(	Change in j	Transpo	rter of:	<u>س</u>		•				
Recompletion   Change in Operator	Casinghead		Conden	_							
If change of operator give name											
and address of previous operator		<del></del>								•	
II. DESCRIPTION OF WELL A	AND LEA	SE					727.4	CY		:ase No.	
Lease Name Well No. Pool Name, Includin								f Lease Lease No. Federal or Fee SF 078067			
Carson Unit 14	Carson Unit // 41-44 WAW Fruitl					and Sand-Pictured State, Cliffs Fe			deral		
Location		`		N	low+h	66			East	**	
Unit LetterA	. :660	<del></del>	Feet Fr	om The	orth Lin	c and	Fe Fe	et From The	пазс	Line	
Section 14 Township	, <b>25</b> 1	1	Range	12W	, N	<sub>MPM,</sub> Sar	Juan			County	
	~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		7 1 % F	יו דיים או א	DAT CAS						
III. DESIGNATION OF TRANS	SPORTE	C OF OI	LAN.	D NATU	Address (Giv	ve address to wh	ich approved	copy of this f	orm is to be se	nt)	
Name of Authorized Transporter of Oil		or Conden	-itti		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Name of Authorized Transporter of Casinghead Gas or Dry Gas X						Address (Give address to which approved copy of this form is to be sent)					
Hixon Development Company					PO Box 2810, Farmington, N.M. 87499						
If well produces oil or liquids,		Sec.	Twp.	Rge.	_	y connected?	When A 110	ust 197	7		
give location of tanks.	1				Yes	har	Aug	<u> </u>	·		
If the production is commingled with that f	from any other	r lease or p	xool, giv	e commingli	ing order num	ocr.					
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	- (X)	1 or uen	, `		1		<u> </u>	<u> </u>	<u></u>		
Date Spudded	Date Comp	. Ready to	Prod.	<del></del>	Total Depth	.4		P.B.T.D.		· · · · · · · · · · · · · · · · · · ·	
pare upones											
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
					<u> </u>	•		Depth Casir	ig Shoc	····	
Perforations								'			
	7	URING	CASII	NG ANT)	CEMENTI	NG RECOR	D				
1101 - 6170	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
HOLE SIZE	- UAS	OMORAG & FOUNTS OILL									
	<b> </b>										
								-			
					<u> </u>			<u>L</u>			
V. TEST DATA AND REQUES	T FOR A	LLOWA	RLE	.tr	ha amint to	r exceed ton all	wable for thi	s depth or be	for full 24 hou	rs.)	
OIL WELL (Test must be ofter re			of load	ou and must	Prochicing M	ethod /Flow. nu	mp, sa lift.	:tc.)			
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gar lift, etc.)						
I work of There	Tubing Pres				Casing I	m	W	Chold Size			
Length of Test	Tuoing Pres	urc			12	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. g V •3		<u> </u>	<del></del>	
Actual Prod. During Test	Oil - Bbls.			<del> </del>	Water - Wil	1 4440	E 1000	G. MCF			
Worms they wanted took	20.2					MAY2	0 1330				
CACWETI	<u></u>	_ , , _ , _ , _ , _ , _ , _ , _ , _					N. DI	<b>V.</b> ]	•		
GAS WELL  Actual Prod. Test - MCF/D   Length of Test					Bbls. Condensate/MMCF Gravity of Condensate						
Vicinal Flore 1681 - Michael						U76	,, v 				
Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)					Casing Press	eire (Shut-in)		Choke Size			
					<u> </u>						
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAI	NCE	11 .	OIL CON	ISERV	MOITA	DIVISIO	NC	
I hamby certify that the rules and regulations of the Oil Conservation						OIL OO!				• • •	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					n=1	a Anaraira		JUN 1	<b>199</b> 0		
is true and complete to the best of my	MONICOSC AL				Date	e Approve	u		A		
(begin & mens					D.		3	() A	ham		
Signature					∥ By_					<u></u>	
Aldrich L. Kuchera (505) 326-3325					7:11-		SUPER	IVISOR C	ISTRICT	13	
Printed Name May 24, 1990 President					Title						
Date			phone 1	¥.		Bendriche Freihann		12/12/12/12/12/12	and the state of the	Participa of Control March States	
					Commence of the State	Charles and the Control of the Contr	CARLO CONTROL OF BUILDING	CHARLES WIN COLD THE COLD	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	التراية كالأبد بجهانه ويجرب	

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

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 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.

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