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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

B.K.

Operator HIXON DEVELOPMENT COMPANY	
Address 341 MILAM BUILDING SAN ANTONIO, TEXAS	
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 type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
	CHANGE WELL NUMBER OLD NUMBER W1-16, NEW NUMBER 69

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name CENTRAL BISTI UNIT	Well No. 69	Pool Name, Including Formation BISTI LOWER GALLUP	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter B ; 960 Feet From The N Line and 2279 Feet From The E				
Line of Section 16 Township 25 Range 12 , NMPM, SAN JUAN County				

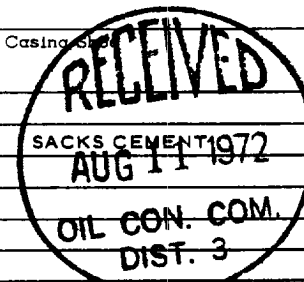
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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)	
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.	E. REILLY HEIGHTS FARMINGTON N.M.	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 5
	Twp. 25	Rge. 12
	Is gas actually connected? YES	
	When	

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					



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 JUNE 1, 1972	Date of Test 6-1 THRU 6-30, 1972	Producing Method (Flow, pump, gas lift, etc.) FLOW	
Length of Test 30 DAYS	Tubing Pressure 40 PSI	Casing Pressure 0 PSI	Choke Size 1/4"
Actual Prod. During Test 876 BO	Oil-Bbls. 14 BOPD	Water-Bbls. 58 BWPD	Gas-MCF TSTB

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

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.

(Signature)

EARTH SCIENCES COMPANY - AGENT

(Title)

AUGUST 9, 1972

(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 11 1972, 19

BY Original Signed by Emory C. Arnold

SUPERVISOR DIST. #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.