

Oil Conservation Division
P.O. Box 2088
Santa Fe, New Mexico 87501

Request for Allowable
and
Authorization to Transport Oil and Natural Gas

Operator
Hixon Development Company

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

Reason(s) for filing (Check proper box)
New Well ☐
Recompletion ☐
Change in Ownership ☒

Change in Transporter of:
Oil ☐
Casinghead Gas ☐
Dry Gas ☐
Condensate ☐

Other (Please explain)

DESCRIPTION OF WELL AND LEASE

Lease Name CARSON UNIT 14 Well No. 21-10 Pool Name, including Formation Bisti Lower Gallup Kind of Lease State, Federal or Fee Federal Lease No. SF078067

Location
Unit Letter C : 698 Feet From The East Line and 2011 Feet From The West
Line of Section 14 Township 25N Range 12W , NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Four Corners Pipeline Address (Give address to which approved copy of this form is to be sent)
Box 1588, Farmington, New Mexico 87499

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
EPNG Co. 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 P Sec. 13 Twp. 25N Rge. 12W Is gas actually connected? When

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

COMPLETION DATA

Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Some 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

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 - MMCF COM. DIST. 3

GAS WELL

Actual Prod. Test - MMCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate

Testing Method (pilot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size

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

Aldrich L. Kuchera - Executive Vice President
12/8/82
(Signature)
(Date)

OIL CONSERVATION DIVISION

APPROVED BY Original Signed by CHARLES GUNLON
TITLE DEPUTY OIL & GAS INSPECTOR

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.
