

OIL CONSERVATION DIVISION  
 P. O. BOX 2000  
 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR  
 TRANSPORTER  
 REGISTRATION OFFICE

Hixon Development Company  
 P.O. Box 2810, Farmington, New Mexico 87499  
 Reason(s) for filing (check proper box)  
 New Well ☐ Change in Transporter of:  
 Recompletion ☐ Oil ☒ Dry Gas ☐  
 Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
 Other (Please explain)

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE  
 Lease Name: Central Bisti Unit Well No.: 71 Pool Name, including Formation: Bisti Lower Gallup Kind of Lease: State, Federal or Fee Allotted Lease No.: 14-20-603-1228  
 Location: Unit Letter: P : 330 Feet From The South Line and 990 Feet From The East  
 Line of Section: 9 Township: 25N Range: 12W NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
 Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent): P.O. Box 940, Bloomfield, N.M. 87413  
 Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent): P.O. Box 990, Farmington, N.M. 87499  
 Name of Authorized Transporter: El Paso Natural Gas Company  
 Is gas actually connected? Yes When: 6/26/84  
 (If well produces oil or liquids, give location of tanks.) Unit: C Sec: 5 Twp: 25N Rge: 12W

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 Same Res'v. Diff. Res'v.  
 Date Spudded: Date Compl. Ready to Prod.: Total Depth: P.B.T.D.:  
 Deviations (DF, RKB, RT, CR, 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 - MCF:

GAS WELL  
 Actual Prod. Test - MCF/D: Length of Test: Bbls. Condensate/MCF: Bbls. Condensate  
 Testing Method (Flow, back pr.): Tubing Pressure (shot-in): Casing Pressure (shot-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.  
 APPROVED: NOV 02 1984  
 BY: Frank J. [Signature]  
 SUPERVISOR DISTRICT 3  
 TITLE:

Bruce C. Dehenthal  
 (Signature)  
 Petroleum Engineer  
 (Title)  
 November 1, 1984  
 (Date)  
 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