

Oil Conservation Division
P.O. Box 2000
Santa Fe, New Mexico 87501

Request for Allowable
and
Authorization to Transport Oil and Natural Gas

Hixon Development Company
P.O. Box 2810, Farmington, New Mexico 87499

Reason(s) for filing (check proper box)
New Well ☐ Change in Transporter of:
Oil ☒ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐

Other (Please explain)

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE
Well Name: Central Bisti Unit
Well No.: 68
Pool Name, including Formation: Bisti Lower Gallup
Kind of Lease: State, Federal or Fee
Allotted: 14-20-603-324
Location: Unit Letter N, 520 Feet From The South Line and 1980 Feet From The West
Line of Section 8 Township 25N Range 12W, NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil (X) or Condensate ☐
Ciniza Pipeline
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 (X) or Dry Gas ☐
El Paso Natural Gas Company
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 990, Farmington, N.M. 87499
Well produces oil or liquids, give location of tanks:
Unit C, Sec. 5, Twp. 25N, Rge. 12W
Is gas actually connected? Yes
When 7/21/84

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 ☐
Date Spudded
Date Compl. Ready to Prod.
Total Depth
P.B.T.D.
Deviation (DF, RKB, RT, GR, etc.)
Name of Producing Formation
Top Oil/Gas Pay
Tubing Depth
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
Gravity of Condensate
Testing Method (pump, 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.
Bruce C. Delwenth
Petroleum Engineer
November 1, 1984
OIL CONSERVATION DIVISION
NOV 2 1984
APPROVED
BY
TITLE SUPERVISOR DISTRICT 3
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 zoned wells.