

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-11
Effective 1-1-65

DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
REGISTRATION OFFICE	

Operator
HIXON DEVELOPMENT COMPANY, INC.

Address
241 MILAM BUILDING SAN ANTONIO, TEXAS

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)

If change of ownership give name and address of previous owner
SUN OIL COMPANY Box 2880 SOUTHLAND CENTER, DALLAS, TEXAS

II. DESCRIPTION OF WELL AND LEASE

Lease Name CENTRAL BISTI UNIT <u>WI</u>	Well No. <u># 14</u>	Pool Name, Including Formation BISTI LOWER GALLUP	Kind of Lease State, Federal or Free	Lease No.
Location Unit Letter <u>L</u> ; <u>1980</u> Feet From The <u>S</u> Line and <u>700</u> Feet From The <u>W</u> Line of Section <u>10</u> Township <u>25</u> Range <u>12</u> , NMEM, <u>SAN JUAN</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

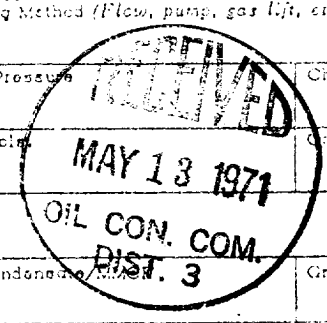
Name of Authorized Transporter of Oil ☐ or Condensate ☐ SHELL PIPELINE CORP.	Address (Give address to which approved copy of this form is to be sent) 1215 S. LAKE AVE. EARMINGTON N. M.			
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ EL PASO NATURAL GAS Co.	Address (Give address to which approved copy of this form is to be sent) B. REILLY HEIGHTS EARMINGTON N. M.			
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>5</u>	Twp. <u>25</u>	Rge. <u>12</u>
Is gas actually connected? <u>YES</u>				

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 Resrv.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (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			

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of trial 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
			
Testing Method (pilot, 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.

George E. Payne, Jr.
(Signature)

EARTH SCIENCES COMPANY AGENT
(Title)

MAY 1, 1971

OIL CONSERVATION COMMISSION
JUL 28 1971

APPROVED _____, 19
BY Original Signed by Emery C. Arnold

TITLE REVISOR DIST. #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 change of operator, well name or number, or the expiration of an existing authorization.