

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes Old C-104 and C-110
Effective 1-1-65

| | |
|------------------------|----------------|
| NO. OF COPIES RECEIVED | 5 |
| DISTRIBUTION | |
| SANTA FE | 1 |
| FILE | 1 |
| U.S.C.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL 1 GAS 1 |
| OPERATOR | 1 |
| REGISTRATION OFFICE | |

Operator
HIXON DEVELOPMENT COMPANY, INC.

Address
341 MILAM BUILDING SAN ANTONIO, TEXAS

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas

Recompletion Oil Castinghead Gas Condensate

Change in Ownership

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 | Well No. 62 | Pool Name, including Formation BISTI LOWER GALLUP | Kind of Lease State, Federal or Fee | Lease No. |
| Location | | | | |
| Unit Letter E | 1980 Feet From The | N Line and | 660 Feet From The | W |
| Line of Section 9 | Township 25N | Range 12W | 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 Castinghead 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. | B. REILLY HEIGHTS FARMINGTON N. M. |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? when |
| | C 5 25N 12W YES |

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 Rest'v. | Diff. Rest'v. |
| <input checked="" type="checkbox"/> | | | | | | | | |
| 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 | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 | 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/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.

George E. Payne
(Signature)

EARTH SCIENCES COMPANY AGENT

MAY 1, 1971
(Date)

OIL CONSERVATION COMMISSION
JUL 28 1971

APPROVED _____, 19__

BY Original Signed by Emory G. Arnold

TITLE SUPERVISOR 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 changes of owner, well name or number, or transporter, or other such change of condition.