

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

B. K.

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

REASON FOR FILING	1
RECOMPLETION	1
CHANGE IN OWNERSHIP	1
TRANSPORTER	1
OPERATOR	1
REGISTRATION OFFICE	1
Operator	1

Hixon Development Company

Address
P.O. Box 2810, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Returned TA well to pump.

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Central Bisti Unit	Well No. 19	Pool Name, Including Formation Bisti Lower Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. SF078056
Location Unit Letter <u>A</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>7</u> Township <u>25N</u> Range <u>12W</u> , NMPM, <u>San Juan</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Oil Company	Address (Give address to which approved copy of this form is to be sent) One Shell Plaza, Box 2463, Houston, TX 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 C	Sec. 5	Twp. 25N	Rge. 12W	Is gas actually connected? Used on lease	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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input checked="" type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 7-2-56	Date Compl. Ready to Prod. 7-25-56		Total Depth 5000'		P.B.T.D. 4969'			
Elevations (DF, RKB, RT, GR, etc.) 6238' KB	Name of Producing Formation Bisti Lower Gallup		Top Oil/Gas Pay 4789'		Tubing Depth 4742'			
Perforations 4804'-18', 4852'-58', 4871'-77', 4886'-95'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		192'		175 sacks			
7-7/8"	5-1/2"		5000'		200 sacks			

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 3-14-80	Date of Test 3-14-80	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure	Casing Pressure 55 psi	Choke Size 1/4"
Actual Prod. During Test	Oil-Bbls. 25 BOPD	Water-Bbls. 342 BWPD	Gas-MCF 8 MCFD

GAS WELL

Actual Prod. Test-MCF/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.

Petroleum Engineer
(Signature)
Petroleum Engineer
(Title)
3-20-80
(Date)

OIL CONSERVATION DIVISION

MAR 24 1980

APPROVED _____, 19 _____

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT #3

TITLE _____

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 allow-
able 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.