

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Hixon Development Company

P.O. Box 2810, Farmington, New Mexico 87499

RECEIVED

MAR 14 1984

OIL CON. DIV.  
DIST. 3

Change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

| Lease Name         | Well No. | Pool Name, including Formation | Kind of Lease<br>State, Federal or Free | Navajo<br>Allotted | Lease No. |
|--------------------|----------|--------------------------------|-----------------------------------------|--------------------|-----------|
| Central Bisti Unit | 58       | Bisti Lower Gallup             |                                         |                    | 14-20-60  |

Location  
Unit Letter 0 : 660 Feet From The south Line and 1980 Feet From The east  
Line of Section 4 Township 25 North Range 12 West , NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Ciniza Pipeline                                                                                                  | P.O. Box 940, Bloomfield, New Mexico 87413                               |

| 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) |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| El Paso Natural Gas Company                                                                                   | P.O. Box 990, Farmington, New Mexico 87499                               |

If well produces oil or liquids,  
give location of tanks.

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 | Some heavy | Diff. heavy |
|------------------------------------|----------|----------|----------|----------|--------|-----------|------------|-------------|
| Date Spudded                       |          |          |          |          |        |           |            |             |
| Excessions (DF, HKB, RT, CR, etc.) |          |          |          |          |        |           |            |             |
| Perforations                       |          |          |          |          |        |           |            |             |

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 fluid oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

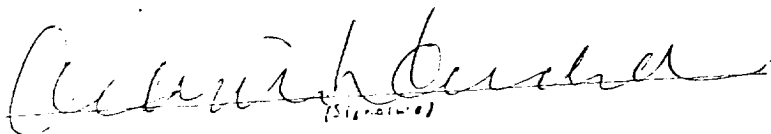
| Date Filed New Oil Run To Tanks | Date of Test     | Producing Method (Flow, pump, gas lift, etc.) |
|---------------------------------|------------------|-----------------------------------------------|
|                                 |                  |                                               |
| Length of Test                  | Testing Pressure | Casing Pressure                               |
| Actual Prod. During Test        | Oil - Bbls.      | Water - Bbls.                                 |

GAS WELL

| Actual Prod. Test - MCF/D         | Length of Test               | Bbls. Condensate/MCF        | Gravity of Condensate |
|-----------------------------------|------------------------------|-----------------------------|-----------------------|
|                                   |                              |                             |                       |
| Testing Method (flow, back prod.) | Testing Pressure (psia - lb) | Casing Pressure (psia - lb) | 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

(Title)

3/8/84

(Date)

OIL CONSERVATION DIVISION

MAR 14 1984

APPROVED

Original Signed by CHARLES GHOLSON

BY

TITLE DEPUTY OIL & GAS INSPECTOR, 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.