REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-
Effective 1-1-65

AMENDED COPY

ILLEGIBLE

Hixon Development Company

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

Reason(s) for filing (Check proper box)

				Other (Please explain)
New Well	X	Change in Transporter of:		
Recompletion		Oil	Dry Gas	
Change in Ownership		Casinghead Gas	Condensate	

If change of ownership give name and address of previous owner n/a

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
South Carson Federal 25	8	Bisti Lower Gallup	Federal	NM25451

Location
Unit Letter H : 1650' Feet From The north Line and 330 Feet From The east

Line of Section 25 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 — Address (Give address to which approved copy of this form is to be sent)
Giant Refining, Inc. Bloomfield, New Mexico 87413

Name of Authorized Transporter of Casinghead Gas or Dry Gas — 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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	H	25	25N	12W	no	if surplus is available

If this production is commingled with that from any other lease or pool, give commingling order number: n/a

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
	X	X					X	

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
4-2-80	5-31-80	5000'	4932'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6435' GLE	Bisti Lower Gallup	4806'	

Perforations
4903', 4901', 4890', 4866', 4864', 4860', 4847', 4846', 4808', 4806',

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	240' KB	200 sacks
7-7/8"	4-1/2"	4978' KB	500 sacks
	2-3/8"	4804' KB	

TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
5-20-80	5-31-80	Pumping	

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours			0.500

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	28	1	10

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

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.

Ulrich Kuchera
(Signature)

Ulrich L. Kuchera-Petroleum Engineer
(Title)

August 21, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 22 1980, 19

BY Original Signed by FRANK T. CHAVEZ

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, transporter, or other such change of condition.