PHATE OF THE VEHICLE TO PATHALIA I CENTRALIAN EN YORF P. O. HOX 2088 BINIAPE STAND OFFICE OPFRATOR PAUNATION OFFICE Operator Hixon Development Company Addiess P.O. Box 2810, Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) Hew Well OII Dry Gas . Recompletion Casinahead Gas Condensate Clange in Ownership Il change of ownership give name and address of previous owner. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Incl In Ni Da Pah 1-R Picture -001100 : 1850 Feet From The south Unit Letter Township 25 North 4 Line of Section DESIGNATION OF TRANSPORTER OF OIL AND NATUR or Condensate Name of Authorized Transporter of Oil Name of Authorized Transporter of Casinghead Gas or Dry Gas El Paso Natural Gas Company Unit If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease o COMPLETION DATA Oil Well Gas Designate Type of Completion - (X) Date Compl. Ready to Prod. Date Spudded 7-18-80 9-18-80 Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) 6183' GLE Pictured Cliffs Perforations 1104'-1114' TUBING, CASIN CASING & TUBING SIZ HOLE SIZE 9-7/8" 2-7/8" 5-1/8" TEST DATA AND REQUEST FOR ALLOWABLE (Test mu OIL WELL Date First New Oil Run To Tanks Date of Test Tubing Pressure Length of Test Oll-Bble. Actual Prod. During Test GAS WELL Actual Prod. Teat-MCF/D Length of Test 24 hours 35 MCFD

OIL CONSERVATION DIVISION SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Other (l'lease explain)

If change of ownership give name and address of previous owner				***************************************		•												
DESCRIPTION OF WELL AND	LEASE																	
In Ni Da Pah	1-R	Well No. Pool Name, Including Formation 1-R Pictured Cliffs			State, Federal or Fee Federal			14-20-603										
i_ocation	<u></u>		· · · · · · · · · · · · · · · · · · ·					1424										
Unit Letter I : 185	O Feet From	The south Li	ne and <u>200</u>	)	_ Feet From	The eas	st											
Line of Section 4 To	wnship 25 Nor	th Range 1	2 West	, NMPM,	San J	uan		County										
DESIGNATION OF TRANSPOR	TER OF OIL A	ND NATURAL GA	4S															
None of Authorized Transporter of Off	or Cond	der.sate	Address (C	ive address t	o which appro	ved copy of th	is form is to	o be sent)										
Name of Authorized Transporter of Casinghead Gas or Dry Gas			Address (Give address to which approved copy of this form is to be sent)															
El Paso Natural Gas Company			P.O. Box 1492, El Paso, Texas 79978															
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	Is gas actually connected? When Ino															
If this production is commingled with COMPLETION DATA																		
Designate Type of Completic	on = (X)	1	New Well	Motkovet	Deepen	Plug Back	'Same Hes' !	'v. Diff. Res'v.										
Designate Type of Completit		<u> </u>	X	<u> </u>	<u> </u>	   D D T D	! <del>!</del>											
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.													
7-18-80			1300'		1180' Tubing Depth													
Elevations (DF, RKB, RT, GR, etc.) 6183 GLE	Name of Producing Formation		Top Oil/Gas Pay 1104		Tubing Depth													
	Pictured Cliffs		<u> </u>	104		Depth Casing Shoe												
1104'-1114'							•											
	TUE	ING, CASING, AND	CEMENTI	NG RECORD	)													
HOLE SIZE CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT												
9-7/8"	7"		80'		50 sacks													
5-1/8" 2-7/8"		3"	1210'		150 sacks													
			<u> </u>			<u>i</u>												
TEST DATA AND REQUEST FO	OR ALLOWABL					and must be eq	الما دو ود	sceed top allow-										
OIL WELL		able for this de				1. e.(c.) / polis		100										
Cale First New Oil Run To Tanks	Date of Test		Producing Method (Flow, pump, gas lift															
Length of Test	Tubing Pressure		Casing Pressure			NOV 19 1980												
Actual Prod. During Test	Oil-Bble.	il-Bble.		Water - Bble.		of OIL CON. COM.												
	I		I				DIST. 3											
Actual Prod. Tool-MCF/D	Length of Test		Bbis. Cond	neate/MMCF	<del></del>	Gravity of C	ondensate											
35 MCFD	24 hou	rs					and the state of t											
Testing Method (pitot, back pr.)	Tubing Pressure		Casing Pres	swe (Shut-	la)	Choke Size												
Back Pressure		210		210	)	<u> </u>		.500										
CERTIFICATE OF COMPLIANCE			OIL CONSERVATION DIVISION NOV 24 1980															
			APPROV	(FD	1UV 24	DOC												
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given			Original Signed by CHARLES GHOLSOM															
shove is true and complete to the	best of my know	viedge and belief.	BY			<del></del>												
			TITLE DEPLTY OIL & GAS INSPECTOR, DIST. #3															
Dearich Lewerers				This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.														
										••••	•		toute tak	on on the w	ell in eccor	dance with A	ULE III.	
										Vice President				All sections of this form must be filled out completely for allowable on new and recompleted wells.				
(Title)				I must not sections to the and VI for changes of owner,														
11/17/80 (Date)				well name or number, or transporter, or other such change or condition.														
farminal				Separate Forms C-104 must be filed for each pool in multiply completed wolls.														