

304510 (2)
11-11-83

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Hixon Development Company

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

Reason(s) for filing (Check proper box)

Change in Transporter of:

Other (Please explain)

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name

Well No.

Pool Name, including Formation

Kind of Lease

Lease No.

Location

Unit Letter

Feet From The

Line and

Feet From The

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Designation of Authorized Transporter of Oil

Address (Give address to which approved copy of this form is to be sent)

Designation of Authorized Transporter of Casinghead Gas

Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids,
and location of tanks.

Unit

Sec.

Twp.

Rge.

Is gas actually connected?

When

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

Same Res'v.

Diff. Res'v.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Sections (DF, RAB, RT, GR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Perforations

Depth Casing Shoe

5030'-40', 5056'-64', 5096'-5100'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

12-1/4"

8-5/8"

521'

275 sacks

7-7/8"

5-1/2"

6072'

850 sacks

2-7/8"

4936'

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

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

AS WELL

Length of Test

Bbls. Condensate

Gravimetric Condensate

Producing Method (Flow, pump, gas lift, etc.)

Tubing Pressure (shut-in)

Casing Pressure (shut-in)

Choke Size

CERTIFICATE OF COMPLIANCE

By

Original Signed by

SUPERVISOR DISTRICT # 3

Signature

Petroleum Engineer

9/2/83

Date

RECEIVED

SEP 6 1983

OIL CON. DIV.

SEP 14 1983

SEP 14 1983

APPROVED

BY

Original Signed by

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 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.

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Hixon Development Company

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

Reason(s) for filing (Check proper box)

Oil Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

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	Lease No.
Irene Whitney	1	Basin Dakota	State, Federal or Fee Navajo	N00-C-14-20-5243
Location	Unit Letter	K	1850 Feet From The south Line and 1650 Feet From The West	
Line of Section	21	Township 25North	Range 11West	NMPM, San Juan County

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)
Giant Transportation	P.O. Box 256, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	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
Is gas actually connected?	When
No	

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	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
7/1/83	7/25/83	6077'	6031'					
Locations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
6595' KB	Basin Dakota	5854'	--					
Explorations		Depth Casing Shoe						
5854'-5864', 5952'-5962'		6072'						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	521'	275 sacks
7-7/8"	5-1/2"	6072'	850 sacks

TEST DATA AND REQUEST FOR ALLOWABLE
ON 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)

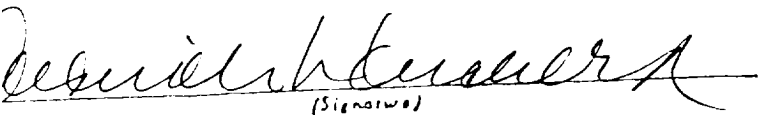
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	Choke Size
			3/8" - 1983
Length of Test	Tubing Pressure	Casing Pressure	Oil CON. DIV. DIST. 3
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
7.5	12 hours	1.75	39°
Testing Method (puls, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size
swabbing	3 flowing	220	.250

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 is true and complete to the best of my knowledge and belief.



Petroleum Engineer

9/2/83

(Date)

OIL CONSERVATION DIVISION

APPROVED

Original Signed by FRANK T. CHAVEZ

BY

SUPERVISOR DISTRICT 3

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