Form C-104
Revised 10-1-70

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED JUN 13 1984 OIL CON. DIV. DIST. 3

Operator

Hixon Development Company

Address

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

Reason(s) for filing (Check proper box)

New Well [X]	Change in Transporter of:	
Recompletion [ ]	Oil [X]	Dry Gas [ ]
Change in Ownership [ ]	Casinghead Gas [ ]	Condensate [ ]

Other (Please explain)

If 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.
Central Bisti Lower Gallup Unit	97	Bisti Lower Gallup	State, Federal or Fee: Federal	SF078056

Location

Unit Letter ___J___ : ___2310___ Feet From The ___South___ Line and ___1650___ Feet From The ___East___

Line of Section ___7___ Township ___25 North___ Range ___12 West___, 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)
Ciniza Pipeline	P.O. Box 940, Bloomfield, New Mexico 87413
Name of Authorized Transporter of Casinghead Gas [X] 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 990, Farmington, New Mexico 87499

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	5	25N	12W	Yes	4/19/84

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	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
4/2/84	4/19/84	5060'	5011'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6309.5' KB	Bisti Lower Gallup	4860'	4775'

Perforations	Depth Casing Shoe
4938'-44', 4924'-34', 4904'-18', 4860'-76'	5052'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12¼"	8 5/8" – 24#	214'	206.5 cubic feet
7 7/8"	5½" – 15.5#	5052'	1812 cubic feet
	2 3/8	4775	

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed its 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.)	
4/19/84	4/23/84	Pumping	

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours		65 psi	

Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	127.3	0	53

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method (Flow, 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.

(Signature)

Petroleum Engineer
(Title)

June 6, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED ___JUN 13 1984___, 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, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple...