

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

Form C-104
Revised 10-1-78

OPERATOR	
TRANSPORTER	
OPERATION OFFICE	
OPERATOR	
TRANSPORTER	
OPERATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Hixon Development Company

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

Person(s) for filing (check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

JUN 11 1984

OIL CON. DIV.
DIST. 3

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Central Bisti Unit Unit	Well No. 88	Pool Name, Including Formation Bisti Lower Gallup	Kind of Lease Federal State, Federal or Fee	Lease No. SF078056
Location Unit Letter <u>B</u> : <u>380</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>8</u> Township <u>25 North</u> Range <u>12 West</u> , NMPM, <u>San Juan</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Ciniza Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 940, Bloomfield, New Mexico 87413					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, New Mexico 87499					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 5	Twp. 25N	Rge. 12W	Is gas actually connected? Yes	When 4/14/84

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3/28/84	Date Compl. Ready to Prod. 4/14/84		Total Depth 4990'		P.B.T.D. 4948'			
Elevations (DF, RKB, RT, CR, etc.) 6212.5' KB	Name of Producing Formation Bisti Lower Gallup		Top Oil/Gas Pay 4782'		Tubing Depth 4700'			
Perforations 4862'-72', 4848'-56', 4782'-98'					Depth Casing Shoe 4982'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" - 24#	296'	207 cubic feet
7 7/8"	5 1/2" - 15.5#	4982'	1812 cubic feet

TEST DATA AND REQUEST FOR ALLOWABLE
OIL 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 4/14/84	Date of Test 5/22/84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hours	Tubing Pressure	Casing Pressure 80 psi	Choke Size
Actual Prod. During Test	Oil-Bbls. 4	Water-Bbls. 62	Gas-MCF 2

AS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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.

Bruce C. Delventhal
(Signature)

Petroleum Engineer

(Title)

June 6, 1984

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 11 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 Form C-104 must be filed for each pool in multiply