

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78

305012

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	
Operator	

Hixon Development Company

Address P.O. Box 2810, Farmington, NM 87499

Reason(s) for filing (Check proper box)

New 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)

MAY 23 1985
OIL CON. DIV.
DIST. 3If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Carson Unit	Well No. 34	Pool Name, including Formation Bisti Lower Gallup	Kind of Lease State, Federal or Fee State	Lease No. NM 070322
Location Unit Letter 0 : 330 Feet From The South Line and 2310 Feet From The East Line of Section 15 Township 25 North Range 12 West, NMPM, San Juan County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 22
	Twp. 25	Rge. 12
	Is gas actually connected? Yes	
	When 4/4/85	

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XXXX	Gas Well	New Well XXXX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2/28/85	Date Compl. Ready to Prod. 4/4/85	Total Depth 4992' K.B.	P.B.T.D. 4942.77' K.B.					
Elevations (DF, RKB, RT, GR, etc.) 6352' GLE	Name of Producing Formation Gallup	Top Oil/Gas Pay 4708' K.B.	Tubing Depth 4642' K.B.					
Perforations 4712'-4718', 4790'-4794', 4811'-4818', 4862'-4872', 4884'-4894', 4902'-4911'			Depth Casing Shoe 4989.25' K.B.					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 352.77' K.B.		SACKS CEMENT 190 sks (224 cu.ft.)			
7-7/8"	5-1/2"		4989.25' K.B.		600 sks (1812 cu.ft.)			
2 3/8		4642						

IV. 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 4/4/85	Date of Test 4/25/85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 23 psig	Casing Pressure 210 psig	Choke Size 3/4"
Actual Prod. During Test 60 BO	Oil-Bbls. 60	Water-Bbls. 18	Gas-MCF 25

GAS WELL

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

V. 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. Delbert
(Signature)Petroleum Engineer
(Title)May 2, 1985
(Date)

OIL CONSERVATION DIVISION

5-23-85
MAY 23 1985
APPROVED

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 multiply completed wells.