

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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OCT 16 1985
OIL CON. DIV.
DIST. 3

I. Operator
Hixon Development Company

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

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Carson Unit 19	Well No. 33- X	Pool Name, including Formation Bisti/Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. SF 078063
Location Unit Letter J ; 1980 Feet From The South Line and 1980 Feet From The East Line of Section 19 Township 25N Range 11W, NMPM, San Juan County				

III. 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 Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 940, Bloomfield, NM 87413					
Name of Authorized Transporter of Casinghead Gas <input 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, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 19	Twp. 25N	Rge. 12W	Is gas actually connected? Yes	When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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.


(Signature)
Petroleum Engineer
(Title)
October 15, 1985
(Date)

OIL CONSERVATION DIVISION
OCT 16 1985
APPROVED
BY Original Signed by FRANK T. CHAVEZ
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.

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IV. COMPLETION DATA

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Designate Type of Completion - (X)			Oil Well XXX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8-26-85		Date Compl. Ready to Prod. 9-28-85			Total Depth 5090' KB			P.B.T.D. 5029' KB		
Elevations (DF, RKB, RT, GR, etc.) 6450' GLE		Name of Producing Formation Bisti Gallup			Top Oil/Gas Pay 4763'			Tubing Depth 4833'		
Perforations 4872'-4886', 4936'-4942', 4956'-4962', 4972'-4978'								Depth Casing Shoe 5073' K.B.		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/2"	8-5/8"	355.29' KB	250 sks(295cuft) Class B
7-7/8"	5-1/2"	5073.20' KB	400sks(1560cuft) Class B
			200 sks(236 cuft) Class B
	2-3/8"	4833'	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 9-28-85	Date of Test 10-02-85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure	Casing Pressure 50 psig	Choke Size 3/4"
Actual Prod. During Test 22 BOPD	Oil - Bbls. 22	Water - Bbls. 4.4	Gas - MCF 12

AS WELL

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