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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	T	O TRANS	POR	TOIL	AND NAT	URAL GA	S				
perator	Well API No.										
Hixon Development Co		30-045-26791									
Address	matan M	ou Most	ro s	37499							
P.O. Box 2810, Farmi Reason(s) for Filing (Check proper box)	ngton, N	ew LIGYTO			Othe	r (Please expla	in)		·—·—·		
Reason(s) for Filing (Check proper box) New Well	~ (hange in Trai	nsporter	of:	_						
Recompletion	Oil	XX Dŋ									
hange in Operator	Casinghead	Gas Co	ndensate								
change of operator give name and address of previous operator											
-	ANDYEA	C.E.									
I. DESCRIPTION OF WELL	g Formation			Lease		ase No.					
Lesse Name George Turpin						wer Gallup State, Federal or Fee NM 51014					
Location						1650			Most		
Unit Letter K	:198	O Fee	et From	The Sou	ıth Lin	and1650	Fo	et From The	West	Line	
26	nin 25N			12W	NII.	ирм. Sar	Juan			County	
Section 26 Towns	nip ZJN	R2	inge	1211	, 141	VII IVI,					
II. DESIGNATION OF TRA	NSPORTER	OF OIL	AND	NATUE	RAL GAS						
Name of Authorized Transporter of Oil	XX	or Condensate	,	7	Mumers (Oth	e address to wi	hich approved	copy of this fo	orm is to be se	nt) aa	
Giant Refinery	\&.&J					P.O. Box 256, Farmington, N.M. 87499 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casi	inghead Gas	or or	Dry Ga	ıs	Address (Giv	e address to w	nich approved	copy of this J	orin is in de se	/	
	122.2	Unit Sec. Twp.			ls gas actuall	v connected?	When	?		-	
If well produces oil or liquids, give location of tanks.	Unit		мр. I 25N I	Rgc. 12W	No		i				
f this production is commingled with the				commingli	ng order num	ber:					
V. COMPLETION DATA							1	Div. Div.	Carra Park	Diff Res'v	
	- ~	Oil Well	Gas	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Dill Kes v	
Designate Type of Completio	n - (A)	(X) Date Compl. Ready to Prod			Total Depth			P.B.T.D.			
Date Spudded Date Compl. Ready to Prod.					·						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Dil/Gas Pay			Tubing Depth			
Elevations (DP, RKB, R1, OR, etc.)								Depth Casing Shoe			
Perforations								Depui Casii	ng Shoc		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	A CINT	C. ANID	CENTENT	NG RECOI	SD.	1			
		TUBING, CASING AND				DEPTH SET			SACKS CEMENT		
HOLE SIZE	CAS	CASING & TUBING SIZE									
			N 13		<u></u>			<u></u>			
V. TEST DATA AND REQU OIL WELL (Test must be afte	EST FOR A	LLOWAL	SLE Jand oil	land must	he equal to a	r exceed top al	lowable for th	is depth or be	for jull 24 hou	urs.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Te	d volume of	ioda oli	and must	Producing N	sethod (Flow, p	oump, gas lift,	etc.)			
Date First New Oil Run 10 Tank	First New Oil Run To Tank Date of Test							To 1 6:-			
Length of Test	Tubing Pre	essure			Casing Pres	sure		Choke Size	.		
					Water - Bbl	,	m B	C NCH	V 15 1		
Actual Prod. During Test	ls.			MATCI - DOI	~	K = '	الأصفاكي	L' time and			
					1	<u> </u>	<i>UU</i>	NT T 199	20		
GAS WELL		m			Bhie Cond	nsale/MMCF	JA	N1 1 199 Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbis. Condensate/MMCF			ON. DIV.		
Tubing Pressure (Shut-in)					Casing Pres	sure (Shut-in)		DIST. 3			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)						=		J131. 0			
VI. OPERATOR CERTIF	TC ATE OF	COMPI	JAN	CE.		011 00	NOED'	/ATION	חואופוי	ΩN!	
I hamby certify that the rules and re	egulations of the	: Oil Conserva	ation			OIL CO				OI N	
Division have been complied with	and that the inic	emation giver	above					JAN 11	1220		
is true and complete to the best of	my knowledge a	ind belief.			Dat	te Approv	ed		1 /		
()	+ -	, .	5	4			3	() (G	ham		
Clean Could					By.	SUPERVISOR DISTRICT #3					
Signature Aldrich L. Kuchera	<u>_</u>	Presider		<u> </u>			SUPER	INDON L	// I NIUI	• •	
Printed Name		(505) 32	Title	325	Titl	e					
JAN 1 0 1990			phone N								
Date					11			and the second	Sec. 10 15 17 17 18 18	N. 18 M. W. W. L.	

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.