Submit 5 Copies
Appropriate District Office
DISTRICT 1
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., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	ד	OTRAN	ISPO	RT OIL	AND NAT	TURAL G					
Operator								Well API No.			
HIXOH Development Company								30-045-26810			
Address	aton N	ou Mosci	ico	87499							
P.O. Box 2810, Farming Reason(s) for Filing (Check proper box)	gron, N	ew Mex.	LCO	0/4//	Othe	r (Please expl	ain)				
New Well		Change in T	ransport	er of:		(2 /222 334)	,				
Recompletion Oil XX Dry Gas											
Change in Operator	Casinghead	Gas 🔲 C	ondensa	ate 🗌							
If change of operator give name											
and address of previous operator											
II. DESCRIPTION OF WELL A			la at Nī	Includi	-a Formation		Vind.	of Lease		case No.	
Lease Name Karen Hixon	Well No. Pool Name, Including 1 Bisti Lowe				-	D	State,	State, Federal or Fee		V-2260	
Location			DIOC	L LOW	01 001110	<u> </u>	Sta	<u>re</u>			
Unit LetterA	: 500 Feet From The North Line and 400						00 Fe	Feet From The East Line			
Section 36 Township 25N Range 12W , NMPM, San Juan County										County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil		or Condensa		TIAI U	Address (Give	address to wi	hich approved	copy of this for	m is to be s	eni)	
Giant Refinery					P.O. Box 256, Farmington, N.M. 87499						
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids,	Unit Sec. Twp.			Rge.	Is gas actually	connected?	When	?			
give location of tanks.	A		25N	12W	Yes		No	vember 4	, 1988		
If this production is commingled with that find IV. COMPLETION DATA	rom any othe	r lease or po	ol, give	commingl	ing order numb	er:					
D :	an.	Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -		<u> </u>			Taral Dark		l			_1	
Date Spudded Date Compl. Ready to Prod.					Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing	Shoe		
TUBING, CASING AND					CEMENTIN	NG RECOR	.D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR A	LLOWAI	BLE		l			J			
OIL WELL (Test must be after re	covery of tol	al volume of	load oil	and must	be equal to or	exceed top allo	owable for this	depth or be fo	r full 24 hoi	urs.)	
Date First New Oil Run To Tank	Date of Test				Producing Me	thod (Flow, pu	ump, gas lift				
Length of Test	Tubing Pressure				Casing Pressure			Choke Size JAN1 1 1990			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			OIL CON. DIV.			
GAS WELL					<u>!</u>			\ DIS	T. 3		
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	COMPI	IANO	Œ	_		10551	ATION -	N. 401		
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above					JAN 1 1 1990						
is true and complete to the best of my knowledge and belief.						Approve					
Oellie (teewy					 By	- -	3.	w. d	2	, 	
Signature Aldrich L. Kuchera President/CEO Printed Name Title					SUPERVISOR DISTRICT #3						
Printed Name JAN 1 0 1990	()	1 505) 32		25	Title.						
Date O 1000			none No.								

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.