

Submit 5 Copies  
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

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

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

**CONFIDENTIAL**

I.

Operator Hixon Development Company	Well API No. 30-045-27317
Address P.O. Box 2810, Farmington, N.M. 87499	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name  
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rick Wells	Well No. 1	Pool Name, Including Formation Basin Fruitland	Kind of Lease State, Federal or Fee Federal	Lease No. NM 36590
Location Unit Letter <u>H</u> : <u>2510</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>East</u> Line Section <u>8</u> Township <u>26N</u> Range <u>13W</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Co.	P.O. Box 4990, Farmington, N.M. 87499					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 8	Twp. 26N	Rge. 13W	Is gas actually connected? No	When ?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 6-5-89	Date Compl. Ready to Prod. 3-7-90		Total Depth 1550'		P.B.T.D. 1507.16'			
Elevations (DF, RKB, RT, GR, etc.) 6280' GLE	Name of Producing Formation Fruitland		Top Oil/Gas Pay 1320'		Tubing Depth 1311'			
Perforations 1320'-1324', 1383'-1401', 1419'-1427'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8-3/4"	7"		129.6'		100 sks.			
6-1/4"	4-1/2"		1545.91'		180 sks.			
	2-3/8"		1311'					

V. 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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**RECEIVED**  
MAR 14 1990

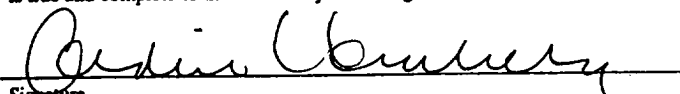
GAS WELL

Actual Prod. Test - MCF/D 10	Length of Test 24 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 12	Casing Pressure (Shut-in) 12	Choke Size 1/8"

**OIL CON. DIV.**  
**DIST. 3**

VI. OPERATOR 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.

  
Signature  
Aldrich L. Kuchera, President  
Printed Name  
MAR 13 1990  
Date  
(505) 326-3325  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 28 1990

By Brian J. Chang  
Title SUPERVISOR DISTRICT #3

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.