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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
Bixco, Inc.
Address
P.O. Box 255, Farmington, NM 87401
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner N/A

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Gass</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>WAW PC-Fr. extension</u>	Kind of Lease <u>Federal</u> State, Federal or Fee	Lease No. <u>NM-33034</u>
Location Unit Letter <u>A</u> : <u>790</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>East</u> Line of Section <u>8</u> Township <u>27N</u> Range <u>13W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>N/A</u>	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"/> <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 990, Farmington, NM 87401</u>					
If well produces oil or liquids, give location of tanks. <u>N/A</u>	Unit	Sec.	Twp.	Rge.	Is gas actually connected? <u>No</u>	When <u>Indefinite hook-up</u>

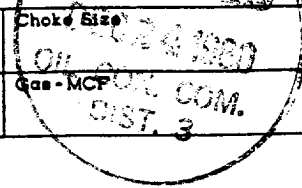
If this production is commingled with that from any other lease or pool, give commingling order number: N/A

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<u>X</u>	<u>X</u>					
Date Spudded <u>10/28/80</u>	Date Compl. Ready to Prod. <u>12/11/80</u>	Total Depth <u>1490'</u>		P.B.T.D. <u>1449'</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>5933 GR</u>	Name of Producing Formation <u>Pictured Cliffs Ss.</u>	Top Oil/Gas Pay <u>1329'</u>		Tubing Depth <u>1347'</u>				
Perforations <u>1329 to 1335 ft.</u>					Depth Casing Shoe <u>1477'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>8 3/4"</u>	<u>7", 17.0#, H-40</u>		<u>107'</u>		<u>50 sx, Class B</u>			
<u>5 1/4"</u>	<u>2 7/8", 6.5#, J-55</u>		<u>1477'</u>		<u>200 sx, Class B&Pozmix</u>			
	<u>1 1/4", 2.4#, J-55</u>		<u>1347'</u>					

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



GAS WELL	Actual Prod. Test-MCF/D <u>82 AOF</u>	Length of Test <u>3 hrs.</u>	Bbls. Condensate/MMCF <u>None</u>	Gravity of Condensate <u>N/A</u>
Testing Method (pilot, back pr.) <u>Back pressure</u>	Tubing Pressure (shut-in) <u>218 psi</u>	Casing Pressure (shut-in) <u>249 psi</u>	Choke Size <u>1/2"</u>	

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Jim R. Beer
(Signature)
Agent
(Title)
December 24, 1980
(Date)

OIL CONSERVATION COMMISSION
APPROVED DEC 30 1980, 19
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.