

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

DEC 18 1979

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASI. OPERATOR
Operator Ralph Nix O. C. D. ARTESIA, OFFICEAddress
P. O. Box 617, Artesia, New Mexico 88210

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)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 2-5-80
UNLESS AN EXCEPTION TO Rule 306
IS OBTAINED ✓If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>PINKIE</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Bull's Eye - Undesignated San Andres</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>B</u> : <u>330</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u> Line of Section <u>12</u> Township <u>8-S</u> Range <u>28-E</u> , NMPM, <u>Chaves</u> 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"/> <u>Navajo Crude Oil Purchasing Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 175, Artesia, New Mexico 88210</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit <u>B</u>	Sec. <u>12</u>
	Twp. <u>8-S</u>	Rge. <u>28-E</u>
	Is gas actually connected? <u>No</u> 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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Restv. <input type="checkbox"/>	Diff. Res. <input type="checkbox"/>
Date Spudded <u>10/31/79</u>	Date Compl. Ready to Prod. <u>12/5/79</u>		Total Depth <u>2820'</u>		P.B.T.D. <u>2820'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>4068' GR</u>	Name of Producing Formation <u>San Andres</u>		Top Oil/Gas Pay <u>2606'</u>		Tubing Depth <u>2519'</u>			
Perforations <u>2606, 2608, 2611, 2620, 2626, 2630, 2632, 2636, 2640, 2642, 2645</u>					Depth Casing Shoe <u>2820'</u>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>251'</u>	<u>circ. 125 sacks</u>
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>2820'</u>	<u>250 sacks</u>
	<u>2 3/8"</u>	<u>2519'</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 Tanks <u>12/5/79</u>	Date of Test <u>12/6/79</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>0</u>	Casing Pressure <u>0</u>	Choke Size <u>12-21-19</u>
Actual Prod. During Test <u>33</u>	Oil - Bbls. <u>33</u>	Water - Bbls. <u>0</u>	Gas - MCF <u>TSTM</u>

GAS WELL

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

I. 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.

William J. McAllister
(Signature)

Operations Manager

(Title)

12/17/79

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 19 1979, 19BY W. A. Gussert
TITLE SUPERVISOR, DISTRICT II

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 deviated 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 Form C-104 must be filed for each pool in multi-