

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

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SANTA FE, NEW MEXICO 87501

OCT 17 1980

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.
ARTESIA OFFICE

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PRODUCTION OFFICE	

I. OPERATOR

RALPH NIX ✓

Address
P.O. Box 617, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of: Oil ☒ Dry Gas ☐
 Recompletion ☐ Oil ☒ Condensate ☐
 Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain) **CASINGHEAD GAS MUST NOT BE FLARED AGAIN 12-1-80 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 Union JOY	Well No. 1	Pool Name, including formation Union San Andres Wildcat	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter L : 2310' Feet From The South Line and 330 Feet From The West Line of Section 32 Township 7-S Range 29-E , NMPM, Chaves 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"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) Box 175, Artesia, NM 88210
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 Sec. Twp. Rge. Is gas actually connected? When
L 32 7S 29E	No

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

V. 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 Res't <input type="checkbox"/> Diff. Res't <input type="checkbox"/>
Date Spudded 4/25/80	Date Compl. Ready to Prod. 6/5/80
Elevations (DF, RKB, RT, GR, etc.) 4020 GR	Name of Producing Formation San Andres
Perforations 2702, 2705, 2710, 2712, 2714, 2716	Top Oil/Gas Pay 2702
	Tubing Depth 2728
	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8"	455'	45SX
7 7/8	4 1/2"	2950'	250SX
	2 3/8"	2700'	

VI. 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 5/23/80	Date of Test 9/26/80	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 7 days	Tubing Pressure ---	Casing Pressure ---	Choke Size 1
Actual Prod. During Test 33 bbls.	Oil-Bbls. 7	Water-Bbls. 26	Gas-MCF ---

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.

Operations Manager
(Title)October 16, 1980
(Date)

OIL CONSERVATION DIVISION

APPROVED **OCT 22 1980**, 19BY **W. A. Gressett**TITLE **SUPERVISOR DISTRICT II**

This form is to be filed in compliance with RULE 1105.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate 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 conditions. Form C-104 must be filed for each pool in multiple.