

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-105
RECEIVED
JUL 17 1980
O. C. D.
ARTESIA, OFFICE

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 ☐ Gas ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership: ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Elizabeth	Well No. 2	Pool Name, including Formation Bullseye San Andres	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter <u>E</u> ; <u>1650</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> <u>EX 2-444</u> <u>6-1-81</u> <u>EX 2-S14</u> until pipeline available Line of Section <u>7</u> Township <u>8S</u> Range <u>29E</u> , NMPM, Chaves County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 175, Artesia, NM 88210
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, give location of tanks.	Unit F	Sec. 7	Twp. 8S	Rge. 29E	Is gas actually connected? NO	When
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If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well ☒ Gas Well ☐ New Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'tv. ☐ Drill. Res'tv. ☐		
Date Spudded 5/13/80	Date Compl. Ready to Prod. 6/24/80	Total Depth 2928	P.B.T.D. 2928
Elevations (DF, RKB, RT, GR, etc.) 4090 GL	Name of Producing Formation San Andres	Top Oil/Gas Pay 2666	Tubing Depth 2674
Perforations 2666, 68, 69, 70, 71, 72, 84, 85, 86	Depth Casing Shoe 2928		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 20#	258'	150 sx. Circ. 10 sx
7 7/8"	4 1/2" 9.5#	2928'	150 sx.
-	2 3/8" 4.7#	2674'	-

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Ran To Tanks 6/24/80	Date of Test 6/25/80	Producing Method (Flow, pump, gas lift, etc.) Pump	Choke Size 1 1/2"
Length of Test 24 hrs.	Tubing Pressure -	Casing Pressure -	Gua-MCF TSTM
Actual Prod. During Test 20	Oil-Bbls. 20	Water-Bbls. -	

GAS WELL

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

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.

Operations Manager
7/17/80

OIL CONSERVATION COMMISSION
JUL 21 1980
APPROVED
BY W.A. Gressett
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 deep well, this form must be accompanied by a tabulation of the vertical tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells covered by this request for allowable.
Fill out only Sections I, II, III, and VI for change of owner, change of name, or transporter, or other such change of condition.