

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

JAN 27 1981

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Ralph Nix /	
Address P.O. Box 617 Artesia, New Mexico 88210	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER 3-1-81 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED F.T. 2-496 - 6-1-81 Ext 2-512 until pipeline available
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Seanna	Well No. 3	Pool Name, including Formation Bull's Eye SA	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>A</u> : <u>330</u> Feet From The <u>N</u> Line and <u>330</u> Feet From The <u>E</u> Line of Section <u>12</u> Township <u>8 S</u> Range <u>28 E</u> , NMPM, <u>Chaves</u> County				

II. 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	Address (Give address to which approved copy of this form is to be sent) P.O. Box 175, Artesia, N.M.					
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 A	Sec. 12	Twp. 8 S	Rge. 28 E	Is gas actually connected? No	When

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded 7/4/80	Date Compl. Ready to Prod. 7/18/80		Total Depth 2687'		P.B.T.D. 2687			
Elevations (DF, RAB, RT, GR, etc.) 4059' GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 2625'		Tubing Depth 2566			
Perforations 2625, 26, 27, 32, 33, 34, 37, 38, 39, 40, 41, 42					Depth Casing Shoe 2687			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		234'		140 SX			
7 7/8"	4 1/2"		2687'		250 SX			
	2 3/8"		2566'					

IV. 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)

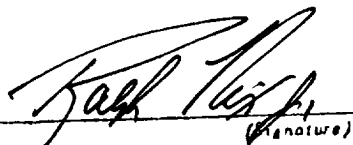
Date First New Oil Run To Tanks 7/18/80	Date of Test 12/12 to 12/18	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 144 Hrs. 24	Tubing Pressure	Casing Pressure	Choke Size Open
Actual Prod. During Test 20 BBLs	Oil-Bbls. 19 3	Water-Bbls. 14	Gas-MCF

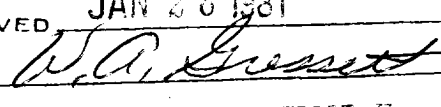
GAS WELL

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

V. 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)1-23-81
(Date)

OIL CONSERVATION DIVISION	
APPROVED	JAN 28 1981
BY	
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 deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on now 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 Forms C-104 must be filed for each pool in multi-completed wells.