

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

MAR 10 1981

C. D. D.  
ARTESIA OFFICE

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DISTRIBUTION	
SANTA FE	1
ALBUQUERQUE	
LAND OFFICE	
TRANSPORTER	
OPERATION	
PRODUCTION OFFICE	

1. OPERATOR  
Operator RALPH NIX

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

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain) \_\_\_\_\_

If change of ownership give name  
and address of previous owner \_\_\_\_\_

FILED AT ARTESIA 5-1-81

UNLESS AN EXCEPTION TO RULE 306  
IS OBTAINED EX 2-503 Further Notice

II. DESCRIPTION OF WELL AND LEASE R-7337 4/14/83

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>AL</u>	<u>1</u>	<u>WILDCAT SA</u>	<u>FEE</u>	<u>-</u>

Location

Unit Letter P : 990 Feet From The South Line and 990 Feet From The East

Line of Section 24 Township 7 S Range 28 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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Navajo Crude Oil Purchasing Co.</u>	<u>P.O. Drawer 175, Artesia, New Mex. 88211</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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>P</u>	<u>24</u>	<u>7S</u>	<u>28E</u>		

If this production is commingled with that from any other lease or pool, give commingling order number: NO

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Restr.	Diff. Res.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
<u>10/5/80</u>	<u>2/03/81</u>	<u>2756'</u>	<u>2618'</u>

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
<u>4011 GL</u>	<u>San Andres P-1</u>	<u>2478'</u>	<u>2501'</u>

Perforations 14 holes w/3½ select Kone guns - 2478½, 87½, 88, 88½, 92½, 93, 2503½, 04, 04½, 05, 08½, 09, 09½

Depth Casing Shoe 2748

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12¼"</u>	<u>8 5/8" cas.</u>	<u>430'</u>	<u>200 SX.</u>
<u>7 7/8"</u>	<u>5½"</u>	<u>2748'</u>	<u>200 SX.</u>
	<u>238'</u>	<u>2501'</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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
<u>2/04/81</u>	<u>3/03/81</u>	<u>PUMPING</u>

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 hrs.</u>	<u>-</u>	<u>-</u>	<u>2"</u>

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<u>7 bbls.</u>	<u>3</u>	<u>4</u>	<u>2.76</u>

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

## VI. 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.

Ralph Nix  
(Signature)

3-10-81  
(Date)

## OIL CONSERVATION DIVISION

APPROVED MAR 12 1981, 19  
BY 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 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 condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.