

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

JAN 28 1981

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	
OIL	
NATURAL GAS	
OPERATOR	
PRODUCTION OFFICE	

I. 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 checked="" 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)
**CASINGHEAD GAS MUST NOT BE
FLOWED UNDER 3-1-81
UNLESS AN EXCEPTION TO RULE 306
IS OBTAINED
EX # 2-488 until Further Notice**

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Marilyn</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Undesignated Railroad</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No. _____
Location <u>Mountain</u>				
Unit Letter <u>M</u> : <u>330</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u>				
Line of Section <u>35</u> Township <u>7S</u> Range <u>28E</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input 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</u>	<u>P.O. Box 175, Artesia, New Mexico</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>M</u> Sec. <u>35</u> Twp. <u>7S</u> Rge. <u>28E</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 Festv. Diff. Reals. <input type="checkbox"/>
Date Spudded <u>10/15/80</u>	Date Compl. Ready to Prod. <u>11/21/80</u>		Total Depth <u>2680</u>		P.B.T.D.		
Elevations (DE, RKB, RT, GR, etc.) <u>8999 GL</u>	Name of Producing Formation <u>San Andres</u>		Top Oil/Gas Pay <u>2408</u>		Tubing Depth <u>2378</u>		
Perforations <u>2408, 09, 10, 11, 12, 16, 18, 21, 25, 26, 27, 34, 35, 36, 37,</u> <u>38, 39, 40, 46, 47, 48, 56, 57, 58</u>				Depth Casing Shoe <u>2378</u>			
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
<u>12 1/2"</u>	<u>8 5/8"</u>		<u>402</u>		<u>200 SX</u>		
<u>7 7/8</u>	<u>5 1/2</u>		<u>2680</u>		<u>200 SX</u>		
	<u>2 3/8"</u>		<u>2378</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 device or be for full 24 hours)

Date First New Oil Run To Tanks <u>11/21/80</u>	Date of Test <u>12/14 to 12/17</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>72 Hours 24</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <u>13.06 4.29</u>	Oil-Bbls. <u>11 3.6</u>	Water-Bbls. <u>2.06 69</u>	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

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)

1-26-81
(Date)

OIL CONSERVATION DIVISION

APPROVED 11 28 1981, 19____
BY W. A. Gressett
TITLE RESERVATION DEPARTMENT

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 multi-pool completed wells.