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P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

NOV 1 '90

O. C.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator N. Dale Nichols ✓		Well API No. 30-005-60822
Address P.O. Box 1972, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Skip	Well No. 1	Pool Name, Including Formation Bullseye (San Andres)	Kind of Lease Sole, Partial or Fee XXXXXXX	Lease No.
Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>26</u> Township <u>7S</u> Range <u>28E</u> , NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corp.	P.O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Oxy USA, Inc.	P.O. Box 50250, Midland, Texas 79710
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ?
	P 26 7S 28E Yes 10-3-90

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X			X		X
Date Spudded respudded 5-29-90	Date Compl. Ready to Prod. 10-3-90		Total Depth 7225'		P.B.T.D. 2790'			
Elevations (DF, RKB, RT, GR, etc.) 4079' GL	Name of Producing Formation San Andres P1, P2 & P3		Top Oil/Gas Pay 2498'		Tubing Depth 2759'			
Perforations 2499-2502, 2511-17, 2538-50, 2580-86, 2599-2609, 2616-19, 2641-46, 2688-2702					Depth Casing Shoe 2820'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	BACKS CEMENT
17 1/2"	13 3/8"	425'	425' Part ID-2
12 1/4"	8 5/8"	2820'	1320' 11-9-90
	2 3/8"	2759'	camp & BH

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 178	Length of Test 24hrs	Bbls. Condensate/MMCF 2.8	Gravity of Condensate 16
Testing Method (pilot, back pr.) Pumping	Tubing Pressure (Shut-in) 460 PSI	Casing Pressure (Shut-in) 460 PSI	Choke Size 5/8"

VI. OPERATOR 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 N. Dale Nichols Operator
Printed Name N. Dale Nichols Title
Date 10-29-90 Telephone No. (915) 682-5621

OIL CONSERVATION DIVISION

NOV 6 1990

Date Approved

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.