

OIL CONSERVATION DIVISION

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

RECEIVED

SEP 4 1981

| | | | |
|---|---|---|--|
| Operator RALPH NIX | | O. C. D. ARTESIA OFFICE | |
| 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"/> | Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | CASINGHEAD GAS MUST NOT BE FLARED AFTER 11-1-81 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED EX 2-558 | |
| Recompletion <input type="checkbox"/> | | | |
| Change in Ownership <input type="checkbox"/> | | | |
| If change of ownership give name and address of previous owner | | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|---|--|---------------------|
| Lease Name CHERRY | Well No. 1 | Pool Name, including Formation Diablo-San Andres | Kind of Lease State, Federal or Fee State | Lease No. L-6278 |
| Location Unit Letter M : 330 Feet From The South Line and 330 Feet From The West Line of Section 22 Township 10S Range 27E, 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"/> Navajo Crude Oil Co. | Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 175, Artesia, New Mexico 88210 | | | |
| 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 M | Sec. 22 | Twp. 10S | Rge. 27E |
| Is gas actually connected? | | When | | |
| No | | | | |

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 Reservoir, Diff. Res. <input type="checkbox"/> |
| Date Spudded 5/28/81 | Date Compl. Ready to Prod. 7/29/81 | | Total Depth 2210' | | P.B.T.D. 2210' | | |
| Elevations (DF, RKB, RT, GR, etc.) 3845' GL | Name of Producing Formation San Andres | | Top Oil/Gas Pay 2063' | | Tubing Depth 2130' | | |
| Perforations 18 holes with 3 1/2" Kone guns, 2063', 76, 85, 87, 88, 89, 93, 94, 95, 2107', 11, 12, 13, 19, 20, 21, 24, 26. | | | | | Depth Casing Shoe 2210' | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | |
| 12 1/4" | 8 5/8" | | 450' | | 300 sx. Class C. | | |
| 7 7/8" | 5 1/2" | | 2210' | | 15 sx. 75/25 Lite Poz | | |
| | | | | | 440 sx. 50/50 Lite Poz | | |

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)

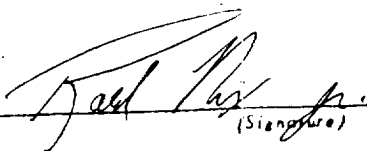
| | | | |
|---|------------------------------------|--|-------------------------|
| Date First New Oil Run To Tank 7/29/81 | Date of Test 8/18/81 to 8/23/81 | Producing Method (Flow, pump, gas lift, etc.) Pumping - | |
| Length of Test 24 Hrs. | Tubing Pressure N/A | Casing Pressure N/A | Choke Size None |
| Actual Prod. During Test 4.4 21 bbls. | Oil-Bbls. 2.6 | Water-Bbls. 8 1/8 | Gas-MCF TSTM 9-11-81 |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MCF | 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.


(Signature)9/04/81
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 10 1981

BY W. A. Gressett

TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 110.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated 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 sections I, II, III, and VI for changes of owner, well name, or other such change of data.