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State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION FEB 17 1994
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1900, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator N. Dale Nichols	Well API No. 30-005-62160
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: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lynx	Well No. 1	Pool Name, including Formation NTunis Lakes, 810580 Chaves Under Fusselman, North	Kind of Lease State, Federal or Fee XXXXXXXXXX	Lease No.
Location Unit Letter <u>G</u> : <u>1815</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The East Line Section <u>19</u> Township <u>8S</u> Range <u>29E</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)
<u>EPC DDHHC</u>	
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)
<u>N. Dale Nichols</u>	<u>P.O. Box 1972 Midland, Texas 79702</u>
If well produces oil or liquids, give location of tanks	Unit <u>0</u> Sec. <u>21</u> Twp. <u>8S</u> Rgn. <u>29E</u> Is gas actually connected? <u>Yes</u> When? <u>1-1-92</u>
If this production is commingled with that from any other lease or pool, give commingling order number: <u>PLC 73</u>	

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Rev'v	Diff Rev'v
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
Elevations (DP, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
Perforations				Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
				<u>Part FD-3</u> <u>2-15-94</u> <u>chg RT: DDH</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 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	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. 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.

N. Dale Nichols
Signature
N. Dale Nichols Operator
Printed Name
2-10-94 (915) 682-5621 Title
Date Telephone No.

OIL CONSERVATION DIVISION
FEB 18 1994

Date Approved _____

By SUPERVISOR, DISTRICT II

Title _____

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.