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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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JUL 7 1969

Operator Ralph Nix		O. O. C. PRORATION OFFICE	
Address P. O. Box 617, Artesia, New Mexico			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/> Re-Entry	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"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Signal State	Well No. 2	Pool Name, Including Formation Artesia	Kind of Lease State, Federal or Fee	Lease No. E-7179
Location				
Unit Letter E	2390	Feet From The North	Line and 1050	Feet From The West
Line of Section 17	Township 18	Range 28	NMPM,	Eddy 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"/> Scurlock Oil Company	Address (Give address to which approved copy of this form is to be sent) 202 Mid America Towers, Midland					
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 E	Sec. 17	Twp. 18	Rge. 28	Is gas actually connected? No	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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-14-69	Date Compl. Ready to Prod. 7-1-69	Total Depth 2165'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3610 G.L.	Name of Producing Formation Premeir	Top Oil/Gas Pay 2140'	Tubing Depth 2110'					
Perforations CH 1883 - 2165	Depth Casing Shoe 1883'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/2"	8 5/8"	209.10'						
10"	7"	403'						
8"	4 1/2"	1883'	100					
	2" upset	2110'						

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 7-1-69	Date of Test 7-2--69	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 0	Casing Pressure 0	Choke Size No
Actual Prod. During Test	Oil-Bbls. 60	Water-Bbls. 0	Gas-MCF too small to meas.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Sue Loop
(Signature)
Agent
(Title)
7-7-69
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 7 1969
BY W. A. Gressett
TITLE OIL AND GAS INSPECTOR

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 deviation 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 multiply completed wells.