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| TRANSPORTER OIL | ✓ | |
| TRANSPORTER GAS | | |
| OPERATOR | ✓ | |
| PRORATION OFFICE | | |

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

RECEIVED
DEC 7 1982
O. C. D.
ARTESIA, OFFICE

Operator
Ralph Nix ✓

Address
P. O. Box 617 Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)
New Well [X]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other (Please explain)
CASINGHEAD GAS MUST NOT BE FLARED AFTER 2/6/83 UNDER ~~EXCEPTION~~ TO Rule 306 IS OBTAINED

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

## DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
|---|---|---|---|---|
| Melaine Battery #2 | 2 | ~~Und~~ Atoka Yeso | State, Federal or Fee Fee | |

Location
Unit Letter O : 1650 Feet From The East Line and 990 Feet From The South

Line of Section 26 Township 18S Range 26E , NMPM, Eddy County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
Navajo Crude Oil Purchasing

Address (Give address to which approved copy of this form is to be sent)
P. O. Box 175 Artesia, NM 8821

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]

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 | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|---|---|---|---|---|---|
| | | | | | yes | 12-9-82 |

If this production is commingled with that from any other lease or pool, give commingling order number: _____

## COMPLETION DATA

| Designate Type of Completion – (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Resv. | Diff. Resv. |
|---|---|---|---|---|---|---|---|---|
| | X | | X | | | | | |

| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
|---|---|---|---|
| 7/7/82 | 12/1/82 | 3850' | |
| **Elevations (DF, RKB, RT, GR, etc.)** | **Name of Producing Formation** | **Top Oil/Gas Pay** | **Tubing Depth** |
| 3300' GL | Yeso 2881-3577 | 2881' | 2784' |
| **Perforations** | | | **Depth Casing Shoe** |
| do. 21, 27, 47, 54, 76, 2877, Upper Yeso, 25 holes, 3348, 51, 56, 64, 66, 3423, 27, 3335, 37, 55, 61, 64, 78, 84, 87, 3503 do. 21, 27, 47, 54, 76, 2877, Upper Yeso, 25 holes, 2981, 84, 90, 94, holes, 101, 19, 39, 43, 52, 56, 64 71, 73, 81, 85, 2614, 28, 41, 52, 81, 3105, 23, 30, 35 | | | |

## TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| 17 1/2" | 13 3/8" | 355' | 340 sx Circ |
| 12 1/2" | 8 5/8" | 1235' | 990 sx circ |
| 7 7/8" | 4 1/2" | 3718' | 1000 sx circ |
| | 2 3/8" | 2784' | |

## TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
|---|---|---|---|
| 12/1/82 | 12/1/82 | pump | Pool FD-2 12-10-82 Comp + BK |
| **Length of Test** | **Tubing Pressure** | **Casing Pressure** | **Choke Size** |
| 24 hours | open | not tested | |
| **Actual Prod. During Test** | **Oil - Bbls.** | **Water - Bbls.** | **Gas - MCF** |
| 188 | 10 | 178 | not tested |

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** |
| | | | |

## 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.

Ralph Nix
(Signature)

Ralph Nix, Jr
(Title)

(Date)

## OIL CONSERVATION COMMISSION

APPROVED DEC 9 1982, 19____

BY Original Signed By
Leslie A. Clements

TITLE ~~Supervisor District II~~

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 operator, well name or number, or transporter, or other such change of condition.