

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS ✓
OPERATOR	✓
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DEC - 1 1986

O. C. D.

ARTESIA, OFFICE

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 05-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Ralph Nix Oil, Inc.

Address
P. O. Box 440, Artesia, NM 88210

Reason(s) for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner Ralph Nix, P. O. Box 617, Artesia, NM 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Merri Battery #1</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Atoka/Glorieta, Yeso</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location				
Unit Letter <u>J</u>	<u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u>			
Line of Section <u>34</u>	Township <u>18 South</u>	Range <u>26 East</u>	<u>NMPM</u>	<u>Eddy</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Navajo Refining Co.</u>	<u>P.O. Box 159, Artesia, NM 88210</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips 66 Natural Gas</u>	<u>7½ EW Frank, Phillips Bldg, Bartlesville OK 74004</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<u>J</u> <u>34</u> <u>18S</u> <u>26E</u>	<u>Yes</u> <u>12-7-82</u>

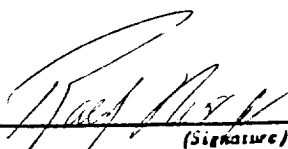
Post 10-3
12-5-86
chs op

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.


(Signature)

(Title)

11-25-86

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 3 1986, 19____

BY _____ Original Signed By
Les 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 change 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.

