

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

JUL 26 1982

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O.C.D.

ARTESIA, OFFICE

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.C.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

Operator
Ralph Nix

Address

P. O. Box 617 Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" 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"/>

Casinghead Gas MUST NOT BE
FLARED AT THE
UNLESS AN EXCEPTION TO Rule 306
IS OBTAINED

Ex B 2-633 until Feb 28, 1983

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

R-7193 1/26/83

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Hondo Kelly	1	Und. Atoka Yeso	State, Federal or Fee Fee	
Location				
Unit Letter	N	660 Feet From The South Line and 1980 Feet From The West		
Line of Section	27	To nship 18S	Range 26E	NMPM, Eddy County

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)					
Navajo Crude Oil Purchasing Co.	P. O. Box 175 Artesia, New Mexico					
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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	27	18S	26E	No	

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

New zone Yeso

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'n.	Diff. Res'n.
	X					X		X
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
3/13/79	7/1/82	9385'	4530' 4340					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3360' GL	Yeso	3286'	3190.51' GL					
Perforations 3286, 89, 94, 98, 3304, 08, 10, 20, 23, 41, 46, 50, 52, 63, 70, 74, 79, 85, 91, 97, 3402, 06, 10, 19, 25.			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	380'	350
11"	8 5/8"	1250'	600
7 7/8"	5 1/2"	9385'	1671
	2 3/8"	3190.51' GL	

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
7/1/82	7/24/82	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	not tested	not tested	open
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
131	29	102	34

GAS WELL

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

Ralph Nix, Jr.

(Title)

7/26/82

(Date)

OIL CONSERVATION DIVISION

JUL 28 1982

APPROVED

BY

OIL AND GAS INSPECTOR

TITLE

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 Form C-104 must be filled for each pool in multiple.