

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 GASO. C. D.
ARTESIA, OFFICE

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TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input type="checkbox"/>

Operator Ralph NixAddress P. O. Box 617 Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 9-1-82
UNLESS AN EXCEPTION TO Rule 306
IS OBTAINEDBy # 2-634 until Feb 28, 1983If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Melaine</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Atoka Yeso</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>J</u> : <u>2260</u> Feet From The <u>East</u> Line and <u>1650</u> Feet From The <u>South</u> Line of Section <u>26</u> Township <u>18S</u> Range <u>26E</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Crude Oil Purchasing Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 175 Artesia, New Mexico</u>	
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 <u>J</u>	Sec. <u>26</u>
	Twp. <u>18S</u>	Rge. <u>26E</u>
	Is gas actually connected? <u>No</u> When	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded <u>3/4/82</u>	Date Compl. Ready to Prod. <u>7/1/82</u>		Total Depth <u>3655'</u>		P.B.T.D. <u>3655'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3307' GL</u>	Name of Producing Formation <u>Atoka Yeso</u>		Top Oil/Gas Pay <u>3304'</u>		Tubing Depth <u>3201'</u>			
Perforations <u>3304, 84, 86, 95, 97, 3410, 12, 14(2 holes), 18(2 holes), 24, 51, 54(2 holes), 3470, 72, 88, 99, 3501, 14, 18, 21.</u>					Depth Casing Shoe <u>3647'</u>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>9 7/8"</u>	<u>7" 20#</u>	<u>910'</u>	<u>350sx</u>
<u>6 1/2"</u>	<u>4 1/2" 10.5#</u>	<u>3647'</u>	<u>450sx</u>
	<u>2 3/8"</u>	<u>3201' GL</u>	

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 <u>7/1/82</u>	Date of Test <u>7/24/82</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>not tested</u>	Casing Pressure <u>not tested</u>	Choke Size <u>open</u>
Actual Prod. During Test <u>145</u>	Oil-Bbls. <u>20</u>	Water-Bbls. <u>125</u>	Gas-MCF <u>30</u>

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

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.


(Signature)Ralph Nix, Jr.
(Title)7/26/82
(Date)

OIL CONSERVATION DIVISION

JUL 28 1982

APPROVED _____, 19

BY Mike WalkerTITLE 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 deviated 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 changed 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 multiple.