

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

RECEIVED

MAY 25 1982

O. C. D.  
ARTESIA, OFFICEREQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE
Recompletion <input type="checkbox"/>	FLARED AFTER <u>7-14-82</u>
Change in Ownership <input type="checkbox"/>	UNLESS AN EXCEPTION TO <u>Rule 306</u>
	IS OBTAINED

If change of ownership give name and address of previous owner Ex # 2-619 april 10-1-82  
EV # 2-632 2-28-83

DESCRIPTION OF WELL AND LEASE	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Lease Name <u>Merrill</u>	<u>1</u>	<u>Bone Spring</u>	State, Federal or Fee <u>Fee</u>	
Location				
Unit Letter <u>A</u>	<u>330</u>	Feet From The <u>North</u> Line and <u>990</u>	Feet From The <u>East</u>	
Line of Section <u>34</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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Navajo Crude Oil Purchasing Co.</u>	<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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>A</u>	<u>34</u>	<u>18</u>	<u>26</u>	<u>NO</u>	

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	Some Res'tv.	Diff. Res.
	<u>X</u>	<u>X</u>							
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
<u>3/27/82</u>	<u>5/14/82</u>	<u>3950'</u>	<u>3820</u>						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth						
<u>3345' GL</u>	<u>Bone Spring</u>	<u>3724'</u>	<u>3696'</u>						
Perforations			Depth Casing Shoe						
<u>3 1/2 JJKS</u>			<u>3860</u>						
<u>10 shots- 3724, 26, 28, 40, 42, 44, 46, 48, 50, 60.</u>									

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>9 7/8"</u>	<u>7"</u> <u>20#</u>	<u>925'</u>	<u>350 sx circulated</u>
<u>6 1/2"</u>	<u>4 1/2"</u> <u>10.5#</u>	<u>3860'</u>	<u>450 sx circulated</u>
	<u>2 3/8"</u>	<u>3696' 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>5/14/82</u>	<u>5/15/82</u>	<u>Pump</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 hours</u>	<u>-----</u>	<u>-----</u>	<u>-----</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<u>145 bbls</u>	<u>25</u>	<u>120</u>	<u>not tested</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.

Ralph Nix, Jr.  
(Signature)5/24/82  
(Date)

## OIL CONSERVATION DIVISION

MAY 28 1982

APPROVED \_\_\_\_\_, 19

BY W. A. GressettTITLE 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 deviate 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 conditions. Separate Form C-104 must be filed for each pool in multi-