Form C-104
Revised 10-1-78

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: Ralph Nix ✓

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

Reason(s) for filing (Check proper box)
- New Well [ ]
- Recompletion [X]
- Change in Ownership [ ]

Change in Transporter of:
- Oil [ ]
- Dry Gas [ ]
- Casinghead Gas [ ]
- Condensate [ ]

Other (Please explain)
CASINGHEAD GAS MUST NOT BE FLARED AFTER 11/2/82 UNLESS AN 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 (State, Federal or Fee)	Lease No.
Merrill	1	Atoka Yeso	Fee	

Location: Unit Letter A : 330 Feet From The North Line and 990 Feet From The East

Line of Section 34 Township 18S Range 26E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [ ]: Navajo Crude Oil Purchasing Co
Address (Give address to which approved copy of this form is to be sent): P. O. Box 175 Artesia, New Mexico

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
	A	34	18	26	No	

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.
3/27/82		3950'	3701.09' KB
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3345' GL	Yeso	2789'	2710.62'
			Depth Casing Shoe 3950

Perforations: 3393-3570 & 3392 - 3568 & 2789 -3170 & 2825-3193

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9 7/8"	7" 20#	925'	350sx circulated
6 1/2"	4 ½" 10.5#	3860'	450sx circulated
	2 3/8"	2710.62 GL	

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.)	Choke Size
8/11/82	8/17/82	Pump	----------
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Gas-MCF**
24 hours	----------	----------	30
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	
240	20	220	

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 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
(Signature)

Ralph Nix
(Title)

8/28/82
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 3 1982, 19

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 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 completions.