

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

RECEIVED

DEC 16 1982

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.
ARTESIA, OFFICE

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

Ralph Nix ✓

Address

P. O. Box 617 Artesia, NM 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)

Change location of battery
Change name of Merrill #1
First connection of casinghead gasIf 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.
Merrill Battery #1	1	Atoka Yeso	State, Federal or Fee	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 <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, NM 88210			
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)			
Phillips Petroleum	3601 Red Oak, Dallas, Texas 75261			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	H	34	10	26
Is gas actually connected?		When		
Yes		December 7, 1982		

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

Designate Type of Completion - (X)	Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Reservoir, Diff. Well
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations				Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 oil able 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (p. 1, back p. 1)	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.

(Date)

(Date)

OIL CONSERVATION DIVISION

DEC 22 1982

APPROVED

Original Signed 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 device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for change of well name or number, or transporter, or other such change of conditions. Separate Form C-104 must be filed for each pool in multi-