

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	✓
FILE	✓
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL ✓ GAS ✓
OPERATOR	✓
PROMOTION OFFICE	

Operator Ralph Nix Oil, Inc.	
Address P. O. Box 440, Artesia, NM 88210	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate


If change of ownership give name and address of previous owner Ralph Nix, P. O. Box 617, Artesia, NM 88210

II. DESCRIPTION OF WELL AND LEASE				
Lease Name Merrill	Well No. 2	Pool Name, including Formation Atoka/Glorieta, Yeso	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>B</u> : <u>990</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>34</u> Township <u>18 South</u> Range <u>26 East</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas	Address (Give address to which approved copy of this form is to be sent) 7½ EW Frank, Phillips Bldg, Bartlesville OK 74004					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 34	Twp. 10	Rge. 26	Is gas actually connected? Yes	When 12-7-82

If this production is commingled with that from any other lease or pool, give commingling order number: 12-5-86

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.	
 (Signature)	
(Title) 11-25-86	
(Date)	

OIL CONSERVATION DIVISION	
APPROVED	DEC 3 1986
BY	Original Signed By Les 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 change 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 multiply completed wells.	

