

## OIL CONSERVATION DIVISION

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SANTA FE, NEW MEXICO 87501

JUN 11 1983

REQUEST FOR ALLOWABLE  
AND

O. C. D.

ARTESIA OFFICE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

Ralph Nix

Address  
P.O. Box 617, Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 9/14/83  
UNLESS AN EXCEPTION TO Rule 306  
IS OBTAINEDIf 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	Lease No.
FOX	1	Atoka Glorieta/Yeso	State, Federal or Fee	Fee

Location  
Unit Letter F : 1650 Feet From The North Line and 1650 Feet From The West  
Line of Section 35 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 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
	F	35	18S	26E	<u>Yes</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	Same Res'v.	Diff. Res'v.
<u>X</u>	<u>X</u>		<u>X</u>					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
3/1/83	7/1/83	4064' KB	3850' KB
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3315' GR	Glorieta/Yeso	2872' KB	3740' KB
Perforations			Depth Casing Shoe
25, .50" from 2872' to 3275', 25, .50" from 3444' to 3724'			4023' GR

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 24# API	969' GR	500 sx cir 50 sx
7 7/8"	5 1/2" 15.5# J55	4023' GR	700 sx cir 50 sx
	275	3740	

## 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.)	Post ID-2 7-15-83 Group 4 BH
7/1/83	7/5/83	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	
24 hrs.	Not tested	Not tested	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Choke Size
455 bbl	35	420	Open
			Gas-MCF
			Not tested

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	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.



(Title)

July 8, 1983

(Date)

## OIL CONSERVATION DIVISION

JUL 13 1983

APPROVED

BY

Original Signed By

Leslie A. Clements

Supervisor District II

TITLE

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 multiply completed wells.