

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

JUL 22 1983

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

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TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATION	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

Operator Ralph Nix	
Address P.O. Box 617 Artesia, New Mexico 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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Merrill Battery #2	Well No. 4	Pool Name, including Formation Atoka Glorieta Yeso	Kind of Lease State, Federal or Fee Fee	Lease No. 1
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</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				

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 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 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) 4 Homes Savings & Loan Bartlesville OK.	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 34
	Twp. 18S	Rge. 26E
	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: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3/18/83	Date Compl. Ready to Prod. 7/1/83	Total Depth 4055 Ft. GL		P.B.T.D. 4041 Ft. GL					
Elevations (DF, R&B, RT, GR, etc.) 3332 Ft. GL	Name of Producing Formation Glorietta/Yeso	Top Oil/Gas Pay 2797 Ft.		Tubing Depth 3405 Ft.					
Perforations 2797ft to 3131ft, 3278ft, to 3624ft, 3786ft, to 3830ft.		TUBING, CASING, AND CEMENTING RECORD		Depth Casing Shoe 4042ft.					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
12 1/2 in.	8 5/8 in. 24#	965ft GL		500Sx 1in. 200sx to GL					
7 7/8 in.	5 1/2 in. 15.5#	4041ft GL		700 sx Circulate					
	2 7/8 in.	3405ft							

V. 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 7/1/83	Date of Test 7/20/83	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 500 BBLs	Oil-Bbls. 80 BBLs	Water-Bbls. 420 BBLs	Gas-MCF 82

Post FD-2
7-22-83
Comp & BK

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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
above is true and complete to the best of my knowledge and belief.
(Signature)

(Title)

7-21-83

(Date)

OIL CONSERVATION DIVISION

JUL 25 1983

APPROVED _____, 19____

Original Signed By

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 allow-
able 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.