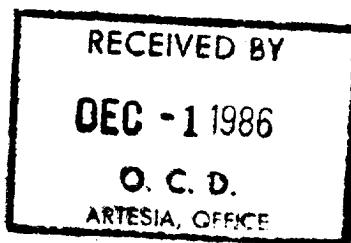


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

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 <u>Part 2</u>	Well No. 4	Pool Name, including Formation Atoka/Glorieta, Yeso	Kind of Lease State, Federal or Fee Fee	Lease No.
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>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 checked="" 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. 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: 12-5-86

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

chg op

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, 19____
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.