

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED BY

JAN 04 1984

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF OFFICES DESIRED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<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 ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

CANNOT BE NOT BE  
3-5-84  
UPON AN EXCEPTION TO Rule 306  
IS OBTAINEDIf change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name FEDELL	Well No. 1	Pool Name, Including Formation Und: Atoka/Glorieta Yeso	Kind of Lease State, Federal or Fee Fee	Lease No. --
Location Unit Letter <u>B</u> : <u>340</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u> Line of Section <u>35</u> Township <u>18S</u> Range <u>26E</u> , NMPM, <u>Eddy</u> County				

## 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, 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 B	Sec. 35	Twp. 18S	Rge. 26E	Is gas actually connected? No	When

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 10/30/83	Date Compl. Ready to Prod. 1/1/84		Total Depth 3828' KB		P.B.T.D. 3806' KB			
Elevations (DF, RKB, RT, GR, etc.) 3296' KB GR	Name of Producing Formation Glorieta - Yeso		Top Oil/Gas Pay 2850'		Tubing Depth 3237' GR			
Perforations 50, 1/2" from 2850' to 3556'					Depth Casing Shoe 3821' GR			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"	DEPTH SET 940' KB	SACKS CEMENT 500sx, 1"50sx, cir10sx
7 7/8"	5 1/2"	3821' GR	700sx, cir. 25 sx
	2 7/8"	3237	

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 1/1/84	Date of Test 1/2/84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 30#	Casing Pressure --	Choke Size --
Actual Prod. During Test 450 bbls	Oil-Bbls. 50	Water-Bbls. 400	Gas-MCF 75

Post ID-2  
1-6-84  
Camp + BK  
(X)

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (psiol, 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.

  
(Signature)

(Title)

January 3, 1984

(Date)

## OIL CONSERVATION DIVISION

APPROVED JAN 05 1984, 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 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. Form C-104 must be filed for each pool in multiply