

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
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OIL CONSERVATION DIVISION

P. O. BOX 2088

RECEIVED BY SANTA FE, NEW MEXICO 87501

JAN 17 1986

REQUEST FOR ALLOWABLE
AND

O. C. D.
ARTESIA, OFFICE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
RALPH NIX

Address
P. O. Box 440, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

☒ New Well	Change in Transporter of:	Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>3-24-86</u> UNLESS AN EXCEPTION TO: RULE 306 IS OBTAINED ✓
☐ Recompletion	☐ Oil	
☐ Change in Ownership	☐ Casinghead Gas ☐ Dry Gas ☐ Condensate	

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name Merri Battery #2	Well No. #3	Pool Name, including Formation Atoka, Glorieta/Yeso	Kind of Lease State, Federal or Fee Fee	Lease No. ---
Location Unit Letter <u>0</u> : <u>2270</u> Feet From The <u>East</u> Line and <u>960</u> Feet From The <u>South</u>				
Line of Section <u>34</u> Township <u>18S</u> Range <u>26E</u> , NMPM, Eddy				

Post ID-2
1-24-86
Camp 9-24

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

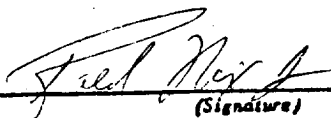
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 175, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Phillips Bldg., Bartlesville, OK 74004
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
J 34 18S 26E	no

If this production is commingled with that from any other lease or pool, give commingling order number: _____

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)
January 16, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 22 1986, 19_____
BY _____
Original Signed By
Les A. Clement
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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

V. COMPLETION DATA

Designate Type of Completion - (X)				
Oil Well	X	Gas Well		
New Well	X	Workover		
Deepen		Plug Back		
Same Res'v.		Same Res'v.		
Diff. Res'v.				

Date Spudded	11-12-85	Date Compl. Ready to Prod.	1-12-86	Total Depth	4066' KB	P.B.T.D.	4002'
Elevations (D.F., RKB, RT, CR, etc.)	3349' GR	Name of Producing Formation	Glorieta/Yeso	Top Oil/Gas Pay	2845'	Tubing Depth	3884'
Perforations	18, .41" holes, 1 shot per 2', 3844-3878'; 18, .41" holes					Depth Casing Shoe	4051'
	3480-3570'; 30, .41" holes, 2845-3174'						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 24#	1008'	550 SX CIRC
7 7/8"	5 1/2" 15.5#	4051'	700 SX CIRC
	2 7/8" 6.5#	3919'	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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	1-12-86	Date of Test	1-15-86	Producing Method (Flow, pump, gas lift, etc.)	pumping
Length of Test	24 hours	Tubing Pressure	20#	Casing Pressure	NT
Actual Prod. During Test	450 bbls.	Oil-Bbls.	35	Water-Bbls.	415
		Gas-MCF		Choke Size	42

SAS WELL

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