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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

FEB 25 1969

O. C. C.
ARTESIA, OFFICE

I. Operator **Ralph Nix - Signal #1**

Address **Box 617, Artesia, New Mexico**

Reason(s) for filing (Check proper box)

New Well

☒

Recompletion

☐

Change in Ownership

☐

Change in Transporter of:

Oil

☐

Dry Gas

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

**Reentry clean out
plugged well**

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ralph Nix Signal State	Well No. 1	Pool Name, Including Formation Artesia	Kind of Lease State, Federal or Fee	Lease No. E7179
Location Unit Letter I ; 1980 Feet From The South Line and 660 Feet From The East Line of Section 18 Township 18 Range 28 , NMPM, 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"/> Scurlock Oil Co.	Address (Give address to which approved copy of this form is to be sent) 202 MidAmerican Towers - Midland, Texas
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 I Sec. 18 Twp. 18 Rge. 28 Is gas actually connected? NO When

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded Reentry 1-20-69	Date Compl. Ready to Prod. 2-17-69	Total Depth 2104 2407	P.B.T.D. 2104					
Elevations (DF, RKB, RT, GR, etc.) 3605 GL	Name of Producing Formation Premier	Top Oil/Gas Pay 2090	Tubing Depth P 2089 Ft.					
Perforations 1986-96 + OH 2029-2104			Depth Casing Shoe 2029					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 10"	CASING & TUBING SIZE 8 5/8 (Tide in 124' to 504		DEPTH SET 504			SACKS CEMENT 50		
where old casing was knocked off)								
8"	5 1/2" (Comes back up to 2029		2029			58		
1632' where it was knocked off)								

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)


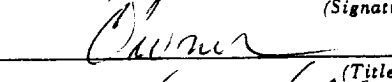
Date First New Oil Run To Tanks 2/13/69	Date of Test 2/4/69	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 31	Oil-Bbls. Oil	Water-Bbls.	Gas-MCF
To small to measure drawn off stock tanks.			

GAS WELL

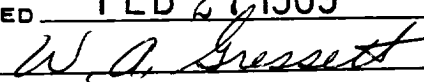
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)

(Title)
2/24/69
(Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB 27 1969**, 19
BY 
OIL AND GAS INSPECTOR
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.