

DISTRIBUTION			
ANALYSIS		1	
FILE		1	✓
S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		1	
PRORATION OFFICE			

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-1
Effective 1-1-65

SEP 17 1979

I. OPERATOR

Operator Ralph Nix O.C.C.
ARTESIA, OFFICE

Address P. O. Box 617, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Hondo Barbara	1	Four Mile Draw, Morrow	State, Federal or Fee Fee	
Location				
Unit Letter <u>J</u>	<u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u>			
Line of Section <u>11</u>	Township <u>19 S</u>	Range <u>26 E</u>	<u>Eddy</u> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>Navajo Crude Oil Purchasing Co.</u>	<u>P. O. Drawer 175, Artesia, NM 88210</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>El Paso Natural Gas</u>	<u>P.O. Box 1492, El Paso, Texas 79978</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>11</u> Twp. <u>19</u> Rge. <u>26</u>
	Is gas actually connected? <u>yes</u> When <u>11-12-79</u>	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
<u>7/20/79</u>	<u>9/5/79</u>		<u>9800'</u>		<u>9770'</u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
<u>3303 GR</u>	<u>Morrow</u>		<u>9443'</u>		<u>9332'</u>			
Perforations					Depth Casing Shoe			
<u>9443-48, 9461-67, 11 shots</u>					<u>9800'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>24"</u>	<u>20"</u>		<u>29'</u>		<u>3 cu. yds. Redi-Mix</u>			
<u>17 1/2"</u>	<u>13 3/8"</u>		<u>346'</u>		<u>circ. cement 350 sx</u>			
<u>11"</u>	<u>8 5/8"</u>		<u>1597'</u>		<u>circ. cement 600 sx</u>			
<u>7 7/8"</u>	<u>4 1/2"</u>		<u>9800'</u>		<u>400 sx</u>			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<u>935 MCFPD</u>	<u>4 3/4 hrs</u>		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
<u>Pitot</u>	<u>2880</u>		

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.

William T. McMan
(Signature)

Operations Manager
(Title)

9/17/79

(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 7 1979
BY W. A. Gressitt
TITLE SUPERVISOR, DISTRICT H

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 well in compliance