

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
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| U.S.O.E. | |
| LAND OFFICE | |
| TRANSPORTER | OIL 1 GAS 1 |
| OPERATOR | 1 |
| PRODUCTION OFFICE | |

Operator
RALPH NIX

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

Reason(s) for filing (Check proper box)

New Well ☐ ~~XXXXXXXXXXXXXX~~
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☒ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|---|--|-----------|
| Lease Name ELIZABETH | Well No. 3 | Pool Name, including Formation Bull's Eye San Andres | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location Unit Letter C : 330 Feet From The North Line and 1650 Feet From The West Line of Section 7 Township 8S Range 29E NMPM, Chaves 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. Drawer 175, Artesia, N.M. 88210 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> MAPCO, INC. | Address (Give address to which approved copy of this form is to be sent) 1800 South Baltimore Avenue Tulsa, Oklahoma 74119 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit F | Sec. 7 | Twp. 8S | Rge. 29E | Is gas actually connected? Yes | When 9/11/81 |

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 | Gas well | New Well | Workover | Deepen | Plug Back | Same Rest. | Diff. Res. |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | | P.B.T.D. | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | | Tubing Depth | | |
| Perforations | | | | | | Depth Casing Shoe | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | |
| | | | |
| | | | |

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 |
| Testing Method (piston, 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.

Ralph Nix
(Signature)

9/11/81
(Date)

OIL CONSERVATION DIVISION
SEP 16 1981

APPROVED _____, 19

BY *Mike Williams*

TITLE **OIL AND GAS INSPECTOR**

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 deviate 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 which.