

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 8750

RECEIVED BY

Form C-104  
Revised 10-1-78

JAN 11 1984

O. C. D.  
ARTESIA, OFFICEREQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES 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"/>
OPERATION	
PRODUCTION OFFICE	

Operator  
Ralph Nix ✓Address  
P.O. Box 617 Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

CASINGHEAD GAS MUST NOT BE  
FILED AFTER 3-11-84  
UNLESS AN EXCEPTION TO Rule 306  
IS OBTAINEDIf change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name FEDELL	Well No. 3	Pool Name, including Formation Atoka/Glorieta Yeso	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>A</u> : <u>330</u> Feet From The <u>North</u> Line and <u>990</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				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input 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:

## IV. 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 11/21/83	Date Compl. Ready to Prod. 1/6/84		Total Depth 3905' GR		P.B.T.D. 3870' KB			
Elevations (DF, RKB, RT, GR, etc.) 3289' GR	Name of Producing Formation Glorieta Yeso		Top Oil/Gas Pay 2884' KB		Tubing Depth 3222' GR			
Perforations 40, 1/2" holes from 2884' to 3679'					Depth Casing Shoe 3899' KB			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		969' KB		550 sx, cir. 100 sx			
7 7/8"	5 1/2"		3899' KB		700 sx, cir. 140 sx			
	2 7/8"		3222' GR					

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 1/8/84	Date of Test 1/9/84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 30#	Casing Pressure --	Choke Size --
Actual Prod. During Test 558 bbls	Oil-Bbls. 28	Water-Bbls. 530	Gas-MCF 42

## GAS WELL

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

## I. 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 10, 1984  
(Date)

## OIL CONSERVATION DIVISION

JAN 11 1984

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_ 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 allow-  
able 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.