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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

RECEIVED

JAN 14 1980

O. C. D.
ARTESIA, OFFICE

I.

Operator: Herman J. Ledbetter ✓

Address: 1002 Sayles Boulevard Abilene, Texas 79605

Reason(s) for filing (Check proper box) (Please explain)

New Well [ ] Change in Transporter of: Oil [ ] Dry Gas [ ]

Recompletion [ ] Casinghead Gas [ ]

Change in Ownership [X]

If change of ownership give name and address of previous owner: Collier & ~~David G.~~ Collier P. O. Box 798 Artesia, New Mexico 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Southern Federal	1	North Hackberry Yates, SR ~~North~~	State, Federal or Fee Federal	NM 06814

Location: Unit Letter A; 330 Feet From The North; 330 Feet From The East

Line of Section 30; Township 19S; Range 31E; NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]: Texas New Mexico Pipe Line Company

Address to which approved copy of this form is to be sent: P. O. Box 1510 Midland, Texas

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]:

Address to which approved copy of this form is to be sent:

If well produces oil or liquids, give location of tanks: Unit A; Sec. 30; Twp. 19S; Rge. 31E

Is gas actually connected? No When:

If this production is commingled with that from any other lease or pool, give 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.

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

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 a full 24 hours)

OIL WELL

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

Posted ID 3 1-18-80 chg op

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.

Herman J. Ledbetter
(Signature)
Operator
(Title)
January 11, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 15 1980, 19

W. A. Gressett

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, it 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 operator, well name or number, or transporter, or other such change of condition.