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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

RECEIVED

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

FEB 16 '90

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Bettis, Boyle & Stovall	Well API No. 30-015-26174
Address P. O. Box 1240 Graham, Texas 76046	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lotos "A" Federal Com	Well No. -1-	Pool Name, Including Formation Dunes-Lower Penn South Sand	Gas	Kind of Lease Federal State, Federal or Fee	Lease No. NMNM82027
Location Unit Letter C : 660 Feet From The N Line and 1980 Feet From The W Line Section 15 Township 24S Range 31E, NMPM, Eddy County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
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)				
El Paso Natural Gas Company	P. O. Box 1492, El Paso, TX 79778				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When ?
					Yes 01/06/90

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
Date Spudded 09/01/90	Date Compl. Ready to Prod. 12/29/89		Total Depth 16,615		P.B.T.D. 16,119			
Elevations (DF, RKB, RT, GR, etc.) 3501.6 GR.	Name of Producing Formation Morrow		Top Oil/Gas Pay 15,024		Tubing Depth 15,003			
Perforations					Depth Casing Shoe			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20", 94#	671'	1225 sx.
17-1/2"	13-3/8", 72#	4400'	3300 sx.
12-1/4"	9 5/8" 53.5, 47, 43.5#	11750'	400 sx.
8-1/2"	7"	11,490-16,426'	675 sx.

V. TEST DATA AND REQUEST FOR ALLOWABLE TBG.

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 Tank	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 5816	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) 5099	Casing Pressure (Shut-in) 0	Choke Size 3/4"

VI. OPERATOR 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.

*Kim Ligon* - KIM LIGON

Signature \_\_\_\_\_  
Production Assistant

Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
Date 2/13/90 Telephone No. 8/7-549-0780

OIL CONSERVATION DIVISION

Date Approved FEB 28 1990

By \_\_\_\_\_ ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.