

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

OIL CONSERVATION DIVISION

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

RECEIVED

JUN 19 1992

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Bettis, Boyle & Stovall	Well API No. 30-015-23977
Address P.O. Box 1240, Graham, TX 76450 817-549-0780	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> re-entry <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Permission is requested to clear out Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> frac tank - approx. 800 bbls. oil on hand	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Soto Federal	Well No. -2-	Pool Name, Including Formation Delaware Wildcat	Kind of Lease Fed. <input checked="" type="checkbox"/> State, Federal or Free	Lease No. NM-69369
Location Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line Section 1 Township 24S Range 31E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Pride Pipeline Company <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1207, Graham, TX 76450					
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 K	Sec. 1	Twp. 24S	Rge. 31E	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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 05/17/92	Date Compl. Ready to Prod. 06/08/92		Total Depth re-entered to a TD of 8610' (orig. TD was 15,600')		P.B.T.D. 8575'			
Elevations (DF, RKB, RT, GR, etc.) 3532' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 8300'		Tubing Depth 5516'			
Perforations 8300-8325', 2 SPF, 50 holes						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"		688'		950 SX			
17 1/2"	13 3/8"		4538'		3880 SX			
12 1/4"	9 5/8"		12,250'		2220 SX			
	5 1/2" liner		15,600'		1550 SX			

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 Tank 06/06/92	Date of Test 06/15/92	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hrs.	Tubing Pressure 50	Casing Pressure 300	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 80	Water - Bbls. 130	Gas - MCF 0

GAS WELL

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

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.

Signature
Kim Ligon
Printed Name
Kim Ligon
Date
06/16/92
Production Analyst
Title
817-549-0780
Telephone No.

OIL CONSERVATION DIVISION

Date Approved 6-19-92
By
Title

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.