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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
Bettis, Doyle & Stovall
Address
Box 1168 Graham, Texas 76046
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter ☐
Recompletion ☐ Oil ☐
Change in Ownership ☒ Casinghead Gas ☐ **Effective 10-1-70**
If change of ownership give name and address of previous owner
Immed. Oil Company Box 701 Midland, Texas

II. DESCRIPTION OF WELL AND LEASE

Lease Name	B. L. Justis A	Acres	3	Kind of Lease	State, Federal, or Free	Lease No.	100
Location	990	Unit Letter	B	Feet from the	Left	Feet from the	East
Line of Section	20	Township	25S	Range	37E	County	Lee

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate	Shell Pipe Line Company	Box	1910	City	Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Natural Gas	El Paso Natural Gas Company	Box	1304	City	Jal, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit	B	Section	20	Township	25S	Range	37E	County	Lee

If this production is commingled with that from any other lease, give name and number.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Comp. Ready to Produce	N.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Casing Depth			
Perforations	Depth Casing Shoe				
TUBING CASING AND CEMENT USED		O.D.			
HOLE SIZE	CASING & TUBING SIZE	SET		SACKS CEMENT	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks	Date of Test	Volume of load oil and must be equal to or exceed top allowable (oil, gas, water, etc.)	
Length of Test	Tubing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing 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.

OIL CONSERVATION COMMISSION

APPROVED _____, 19

By **John W. Runyan**
TITLE _____

This is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this request must be accompanied by a tabulation of the deviation logs taken in the well in accordance with RULE 111.

All copies of this form must be filled out completely for allowable, deepened and recompleted wells.

File in Sections I, II, III, and VI for changes of owner, operator, transporter, or other such change of condition.

Separate forms C-104 must be filed for each pool in multiply

B. L. Bettis

(Signature)

Agent
(Title)

October 28, 1970

(Date)