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NEW MEXICO OIL CONSERVATION COMMISSION

FEB 12 1979

O. C. C.  
ARTESIA OFFICE

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease State <input type="checkbox"/> <u>Federal</u> <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No. LC-045818 A
7. Unit Agreement Name
8. Farm or Lease Name Hastie
9. Well No. 1 #2
10. Field and Pool, or Wildcat Empire Yates - Seven Rivers Pool
12. County Eddy

**SUNDRY NOTICES AND REPORTS ON WELLS**

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REPER OR PLUG BACK TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Bettrice Bedingfield
3. Address of Operator 100 Drawer M, Artesia, N. M. 88210
4. Location of Well UNIT LETTER <u>F</u> <u>2310</u> FEET FROM THE <u>N</u> <u>SE 1/4 NW 1/4</u> LINE AND <u>1735</u> FEET FROM THE <u>W</u> LINE, SECTION <u>18</u> TOWNSHIP <u>17S</u> RANGE <u>28E</u> N.M.P.M.
15. Elevation (Show whether DF, RT, GR, etc.) 3549

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Casing Leak Survey

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Dug out around the head of the well. The well has 1 string of 7" pipe.  
This was tested and checked.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED <u>John E. Bedingfield</u>	TITLE <u>Operator</u>	DATE <u>2/8/79</u>
APPROVED BY <u>Mark Williams</u>	TITLE <u>OIL AND GAS INSPECTOR</u>	DATE <u>FEB 13 1979</u>

CONDITIONS OF APPROVAL, IF ANY:

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	GAS	
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PRORATION OFFICE		

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

RECEIVED

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

FEB 10 1970

I. Operator **BETRICE BEDINGFIELD** ✓

Address **P.O. Box 196 Artesia, New Mexico 88210**

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Change from J. E. Bedingfield
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Change from Continental Pipeline
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner **J. E. Bedingfield P.O. Drawer M Artesia, N.M.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Hastie</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>Empire (S. E. 34)</b>	Kind of Lease State, Federal or Fee <b>Fed.</b>	Lease No. <b>IC 045012</b>
Location Unit Letter <b>F</b> ; <b>2310</b> Feet From The <b>N</b> Line and <b>1735</b> Feet From The <b>W</b> Line of Section <b>18</b> Township <b>17-S</b> Range <b>28 N</b> , NMPM, <b>ddy</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Navajo Refining Co. Pipe Line Div.</b>	<b>Artesia, New Mexico</b>
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 Sec. Twp. Rge. Is gas actually connected? 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	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 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)

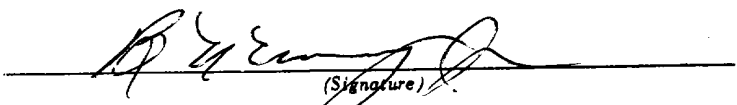
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	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.

  
(Signature)  
**Bookkeeper**  
(Title)  
**2-9-1970**  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED **FEB 10 1970**, 19  
BY **W. A. Gressett**  
TITLE **OIL AND GAS INSPECTOR**

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 allowable 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.