

NEW MEXICO
OIL CONSERVATION COMMISSION
P. O. DRAWER DD
ARTESIA, NEW MEXICO

May thru Aug. 1973

No. 2062 R

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE 6/20/73

PURPOSE: ALLOWABLE REVISION

effective 6/20/73, the allowable of the following Betrice
Beddingfield well in the Empire (Y-GR) Pool is hereby
revised as indicated.

Malco State #1-G, 31-17-28

19 days at 1 bbl 19 bbls current

11 days at 2 bbls 22 bbls current

Total June Allowable, 41 bbls

" July " , 62 "

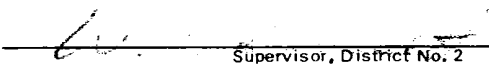
" Aug. " , 62 "

WAG:jw

OIL CONSERVATION COMMISSION

Betrice Beddingfield

NRC



Supervisor, District No. 2

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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 BETRICE BEDINGFIELD	
Address P.O. Box 196 Artesia, New Mexico 88210	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Change from J. E. Bedingfield
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Change from Continental Pipeline

If change of ownership give name and address of previous owner **J. E. Bedingfield P.O. Box 196 Artesia, N.M. 88210**

II. DESCRIPTION OF WELL AND LEASE

Lease Name MALCO STATE	Well No. 1	Pool Name, Including Formation Empire (Y -SR)	Kind of Lease State, Federal or Fee State	Lease No. B 10021
Location Unit Letter G ; 2310 Feet From The N Line and 2310 Feet From The E				
Line of Section 31 Township 17-S Range 20E , NMPM, Eddy 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)		
Nagajo Refining Co. Pipe Line Division	Artesia, New Mexico 88210		
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 G Sec. 31 Twp. 17S Rge. 20E	Is gas actually connected? <input type="checkbox"/>	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)

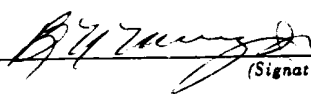
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

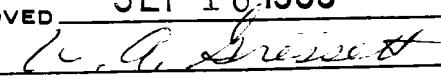
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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)
6-10-1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 18 1969**, 19_____
BY 
TITLE OIL AND GAS ENGINEER

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.