

DISTRIBUTION			
ANTA FE			
ILE			
S.G.S.			
AND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
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-1  
Effective 1-1-55

OCT 6 1975

1. Operator **Betrice Bedingfield** ☒ **O. C. C.**  
Address **ARTESIA, OFFICE**  
**P. O. Box 196, Artesia, New Mexico 88210**  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
If change of ownership give name and address of previous owner \_\_\_\_\_

Other (Please explain)  
**CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 12-1-25  
UNLESS AN EXCEPTION TO Rule 306  
IS OBTAINED**  
**EL 2-143**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>State</b>	Well No. <b>7</b>	Pool Name, Including Formation <b>Red Lake (Q,G,SA)</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>E 379</b>
Location Unit Letter <b>M</b> : <b>455</b> Feet From The <b>West</b> Line and <b>360</b> Feet From The <b>South</b> Line of Section <b>36</b> Township <b>17S</b> Range <b>27E</b> , NMPM, <b>Eddy</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"/> <b>Navajo Pipeline Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Pipeline Div. North Freeman Ave. Artesia, N.M.</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 <b>M</b>	Sec. <b>36</b>	Twp. <b>17</b>	Rge. <b>27</b>
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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded <b>September 15, 1975</b>	Date Compl. Ready to Prod. <b>September 23, 1975</b>		Total Depth <b>1366'</b>		P.B.T.D. <b>1345'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3625 GL</b>	Name of Producing Formation <b>Queen</b>		Top Oil/Gas Pay <b>1220 1223</b>		Tubing Depth <b>1220'</b>			
Perforations <b>1223-1232</b>	<b>1316-1324</b>				Depth Casing Shoe <b>1345'</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <b>11 1/4" - 7 7/8"</b>	CASING & TUBING SIZE <b>5 1/2 20#</b>		DEPTH SET <b>1355'</b>		SACKS CEMENT <b>450 Circulated</b>			
	<b>2 3/8 EUE</b>		<b>1270'</b>					

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 <b>September</b>	Date of Test <b>October 3, 1975</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>-0-</b>	Casing Pressure <b>-0-</b>	Choke Size <b>Open</b>
Actual Prod. During Test <b>50 Bbl.</b>	Oil - Bbls. <b>50</b>	Water - Bbls. <b>-0-</b>	Gas - MCF <b>TSTM</b>

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.

**Agent**  
**October 3, 1975**  
(Date)

OIL CONSERVATION COMMISSION  
OCT 6 1975  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **W. A. Gressett**  
TITLE **SUPERVISOR, DISTRICT II**

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 well in multiple