

DISTRIBUTION	4	
SA	1	
TA	1	
FE	1	
G.S.		
D 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-110
Effective 1-1-65

AUG 20 1976

I. Operator
Herman J. Ledbetter **D. C. C.**
Address **ARTESIA, OFFICE**
1002 Sayles Boulevard **Abilene, Texas 79605**
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Other (Please explain) **change lease name from Heard A**
If change of ownership give name and address of previous owner
CASINGHEAD GAS MUST NOT BE FLARED AFTER 10-1-76 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED
By #2-192

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including P.O. No.	Kind of Lease	Lease No.
Heard Bty. "B"	4	Square Lake GB-SA	State, Federal or Fee	Federal NM 12129
Location				
Unit Letter	H	2310 Feet From The	North	660 Feet From The
		East		
Line of Section	27	Township	16S	Range
		30E , 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"/>	(Give address to which approved copy of this form is to be sent)					
Navajo Crude Oil Purchasing	N. Freeman Ave., P.O. Box 175					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	(Give address to which approved copy of this form is to be sent)					
None						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is well initially connected?	When
	G	27	16	30	No	

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	Water Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
7-9-76	7-27-76	3193		3177				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Net Gas Pay		Taking Depth				
3783 GR	GB-SA	2948		3074				
Perforations			Depth Casing Shoe					
2948-3029			3189					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8"		475		100			
7 7/8"	4 1/2"		3189		200			

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.)	
7-27-76	7-27-76	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hrs.			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	30	33 (load)	TSTM

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.

Herman J. Ledbetter
(Signature)
Operator
(Title)
8-18-76
(Date)

OIL CONSERVATION COMMISSION

SEP 7 1976

APPROVED _____, 19____
BY **W. A. Gussert**
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.