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Appropriate District Office
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DISTRICT II
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1.
See Instructions
at Bottom of

CISF
WT
GT
DP

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Herman J. Ledbetter</u>		Well API No.
Address <u>P.O. Box 5879 Abilene Texas 79608</u>		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>	Other (Please explain) <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Federal "P"</u>	Well No. <u>3</u>	Pool Name, Including Formation <u>Fren Seven Rivers</u>	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No. <u>LC02902</u>
Location				
Unit Letter <u>K</u>	: <u>1650</u>	Feet From The <u>South</u> Line and <u>1650</u>	Feet From The <u>West</u>	
Section <u>23</u>	Township <u>17S</u>	Range <u>30E</u>	NMPM, <u>Eddy</u>	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"/> <u>Adurjo Refining</u>	Address (Give address to which approved copy of this form is to be sent) <u>Artesia New Mexico</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips</u>	Address (Give address to which approved copy of this form is to be sent) <u>Barthsville, Oklahoma</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>K</u>	Sec. <u>23</u>
	Twp. <u>17</u>	Rge. <u>30</u>
If this production is commingled with that from any other lease or pool, give commingling order number:	Is gas actually connected? <u>yes</u>	When ?

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Re
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			
					<u>Post ID-3</u>			
					<u>10-6-90</u>			
					<u>why WT: TNM</u>			

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 Tank	Date of Test
Length of Test	Producing Method (Flow, pump, gas lift, etc.)
Actual Prod. During Test	Tubing Pressure
	Casing Pressure
	Choke Size
	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. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division 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
Herman J. Ledbetter
Printed Name
9-26-90
Date
Operator
Title
Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 4 1990

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out.