

DISTRIBUTION	4
SA	TA FE
FI	E
G.S.	
D OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	2
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
**RECEIVED**  
AUG 23 1976  
**TA**

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

**I. OPERATOR**  
Operator **Herman J. Ledbetter** ✓  
Address **1002 Sayles Boulevard Abilene, Texas 79605**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐  
Recompletion ☐ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☒  
If change of ownership give name and address of previous owner **Cities Service Oil Company Box 69 Hobbs, New Mexico 88240**

**II. DESCRIPTION OF WELL AND LEASE**  
Lease Name **Sargent** Well No. **4** Pool Name, including location **Fren Seven Rivers** Kind of Lease **Federal LC** Lease No. **059376**  
Location  
Unit Letter **A** ; **330** Feet From The **North** Line to **330** Feet From The **East**  
Line of Section **27** Township **17S** Range **30E** , NMPM, **Eddy** County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
Name of Authorized Transporter of Oil ☐ or Condensate ☐ **Shut-in** (Give address to which approved copy of this form is to be sent)  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ **Shut-in** (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 naturally connected? When.

**IV. COMPLETION DATA**  
Designate Type of Completion - (X) Oil Well Gas Well P.B.T.D. Workover Deepen Plug Back Same Res'v. Diff. Res'v.  
Date Spudded Date Compl. Ready to Prod. Tubing Depth  
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation 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. Gas-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

**I. 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**  
Operator  
8-18-76  
(Signature)  
(Title)  
(Date)

**OIL CONSERVATION COMMISSION**  
AUG 23 1976  
APPROVED BY **W. A. Gressitt** 19  
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.

