

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Bettis, Boyle & Stovall

Address
P. O. Box 1240, Graham, Texas 76046

Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
 Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE **Golden Lane Morrow**

Lease Name Big Eddy Unit	Well No. 114	Pool Name, including Formation Wildcat Morrow	Kind of Lease State, Federal or Fee Fed	Lease No. NM-03205
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Location
Unit Letter **H** : **2080** Feet From The **North** Line and **660** Feet From The **East**
Line of Section **21** Township **21-S** Range **29E**, NMPM, **Eddy** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

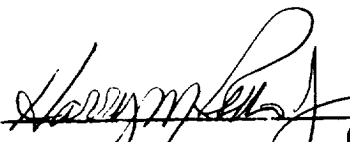
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Permian SCURLOCK PERMIAN CORP EFF 9-1-91	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, TX 77251-1183
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Natural Gas Pipeline Co. of America	Address (Give address to which approved copy of this form is to be sent) P. O. Box 283, Houston, TX 77001
If well produces oil or liquids, give location of tanks.	Is gas actually connected? Yes When 4-11-90

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.


(Signature)
Harry M. Bettis, Jr., Agent
(Title)
4-23-90
(Date)

OIL CONSERVATION DIVISION

APPROVED **JUL 30 1990**, 19
BY **ORIGINAL SIGNED BY**
MIKE WILLIAMS
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 deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells 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 multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 12-23-89	Date Compl. Ready to Prod. 3-17-90		Total Depth 13,134'			P.B.T.D. 13,101'			
Elevations (DF, RKB, RT, CR, etc.) 3394.7' GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 12,792'			Tubing Depth 12,590'			
Perforations 12,792-12,801'						Depth Casing Shoe 13,101'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"		13 3/8"		505'		510 sx			
11"		8 5/8"		3,000'		875 sx			
7 7/8"		5 1/2"		13,152'		375 sx			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Flow 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 5288	Length of Test 24'	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back, etc.) Flow line	Tubing Pressure (Shut-in) 4000	Casing Pressure (Shut-in) 0	Choke Size 18/64"