

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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JUN 02 '89

O. C. D.  
OFFICE

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 Brothers, Inc.

Address 500 W. Texas, Suite 830, Midland, Texas 79701

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain) \_\_\_\_\_

If change of ownership give name and address of previous owner H. E. (Gene) Lee, 1305 Meadow Lane, Roswell, New Mexico 88201

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State "16"</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Carlsbad Morrow, South</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>LG-1443</u>
Location				
Unit Letter <u>0</u> ; <u>1980</u> Feet From The <u>East</u> Line and <u>660</u> Feet From The <u>South</u>				
Line of Section <u>16</u> Township <u>23-South</u> Range <u>26-East</u> , NMPM, <u>Eddy</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Navajo Refining Company</u>	<u>Dr. 159, 501 E. Main, Artesia, N. M. 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Natural Gas Pipeline Co. of America</u>	<u>P. O. Box 283, Houston, Texas 77001</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<u>0</u> <u>16</u> <u>23S</u> <u>26E</u>	<u>Yes</u> <u>11-18-75</u>

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.

Harry M. Bettis, Jr. (Signature)  
Harry M. Bettis, Jr., President (Title)  
June 1, 1989 (Date)

OIL CONSERVATION DIVISION

JUN 13 1989

APPROVED \_\_\_\_\_, 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 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 pool in multiply completed wells.

11/10/74

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#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well X	New Well	Workover X	Deepen	Plug Back	Same Res'v. X	Diff. Res'v.
Date Spudded 7-20-74	Date Compl. Ready to Prod. 10-12-74		Total Depth 12,000'			P.B.T.D. 11,690'			
Elevations (DF, RKB, RT, GR, etc.) 3374' KB	Name of Producing Formation Morrow		Top Oil/Gas Pay 11,638'			Tubing Depth 11,540'			
Perforations 11,628-11,636' & 11,660-11,664'						Depth Casing Shoe 11,712'			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
7 7/8"	4 1/2"		11,712'			185			
	2 3/8"		11,540'			Packer @ 11,540'			

#### 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 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-Bble.	Water-Bble.	Gas-MCF

#### GAS WELL

Actual Prod. Test-MCF/D 750	Length of Test 24 hrs	Bble. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) Back pr	Tubing Pressure (Shut-in) 2425	Casing Pressure (Shut-in) Packer	Choke Size 24/64"