

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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O. C. D.
ARTESIA, 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 checked="" type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "16"	Well No. 1	Pool Name, including Formation Carlsbad Strawn, South	Kind of Lease State, Federal or Fee	Lease No. LG-1443
Location Unit Letter 0 : 1980' Feet From The east Line and 660' Feet From The south				
Line of Section 16 Township 23-S Range 26-E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

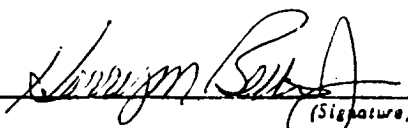
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining	Drawer 159, 501 E. Main, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Natural Gas Pipeline Co. of America	P. O. Box 283, Houston, TX 77001
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit 0 Sec. 16 Twp. 23S Rge. 26E	Yes 11-18-75

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., President
(Title)
July 26, 1989
(Date)

OIL CONSERVATION DIVISION

APPROVED 408 7 1989, 19
BY ORIGINAL SIGNED BY
M. E. 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.

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		X
Date Spudded 7-10-89	Date Compl. Ready to Prod. 7-27-89	Total Depth 12,000'			P.B.T.D. 11,580'				
Elevations (DF, RKB, RT, CR, etc.) 3374' KB	Name of Producing Formation Strawn	Top Oil/Gas Pay 10,392'			Tubing Depth 10,326'				
Perforations 10,392-10,412'					Depth Casing Shoe 11,712'				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/2"	13 3/8"		594'		Circ				
12 3/4"	8 5/8"		2,754'		Circ				
7 7/8"	4 1/2"		11,712'		185'				
	2 3/8"		10,326'		Packer				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL VEIL (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 1150	Length of Test 5 hrs	Bbls. Condensate/MMCF .5	Gravity of Condensate 58
Testing Method (pitot, back p.r.) Pitot	Tubing Pressure (Shut-in) 4350	Casing Pressure (Shut-in) Packer	Choke Size 10/64"