

RECEIVED

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OCT 23 '89

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
O. C. D.
ARTESIA OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

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 type="checkbox"/> Recompletion	<input checked="" 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: Frontier Hills Strawn
~~Wildcat Strawn~~

Kind of Lease: State, Federal or Fee State

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 South Range: 26 East, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Gas	Address (Give address to which approved copy of this form is to be sent)
Permian	Box 1183, Houston, Texas 77251-1183
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)
NGP	
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit: 0 Sec.: 16 Twp.: 23S Rge.: 26E	yes November 18, 1975

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

Post ID-3

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

11-3-89

by LT: NRC

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. [Signature]
(Signature)
President
(Title)
10/20/89
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 31 1989, 19

BY ORIGINAL SIGNED BY
MIKE WILSON

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.
			XX				XX		XX
Date Spudded July 10, 1989	Date Compl. Ready to Prod. July 27, 1989		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						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 (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, r.) Pitot	Tubing Pressure (Shut-in) 4350	Casing Pressure (Shut-in) Packer	Choke Size 10/64"