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STATE OF NEW MEXICO			OCT 31 '89	·	•
ENERGY AND MINERALS DEPARTMENT			00: 2 = 00		
				Form C-104 Revised 10-01	.79 .
				Format 06-01-	
	IL CONSERVATION	DIVISIO	N AR. JUN OFFICE-	Page 1	
PILE	P. O. BOX 2088				
U.8.0.8.	SANTA FE, NEW MEX	ICO 87501			
LAND OFFICE					
TRANSPORTER OIL V					
GAS V	REQUEST FOR ALLO	WABLE			
PROBATION OFFICE	AND		•		•
AUTHOR	ZATION TO TRANSPORT O	L AND NATUR	AL GAS		•
<u>I.</u>					
Operator					
BETTIS, BOYLE & STOVALL					
Address					
P. O. Box 1240, Graham, Texas 7	6046				
Reason(s) for filing (Check proper box)	· · · · · · · · · · · · · · · · · · ·	Other (Please)	splain)		
XX New Well Change in	Transporter of:				
Recompletion Oil	Dry Gas				
Change in Ownership Casin	ghead Gas Condensate				
	·				
If change of ownership give name					
and address of previous owner					
U DESCRIPTION OF WELL AND LEASE	5 hallow M.				
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No.	Pool Name, Including Formation	new -	(ind of Lease	<u> </u>	Lease No
EXX GOM "17" FED Com 1			State, Federal or Fee F	1	
	Wildcat Morrow	·		ederal	NM-7697
Location	. 1	((0)			
Unit Letter I ; 1980 Feet From	The South Line and	660'	Feet From The	ast	
17 - 12 0			D 1 3		
Line of Section 17 Township 23-So	uth Ronge 26-East	, NMPM,	Eddy		County
III. DESIGNATION OF TRANSPORTER OF C		1Cine address in	which approved copy a	labie loss is to	
		•	-		de senij
Permian SCURLOCK PERMIAN COR			<u>on, Texas 7725</u>		
Permian SCURLOCK PERMIAN COR Name of Authorized Transporter of Casinghead Gas			on, Texas 1125 which approved copy of		be sentj
Name of Authorized Transporter of Casinghead Gas	or Dry Gas 🕅 Address	(Give address to	which approved copy a	of this form is to	be sentj
Name of Authorized Transporter of Casinghead Gas	or Dry Gas 🕅 Address ica P. O	(Give address to	which approved copy of Houston, Texas	of this form is to	be sentj
Name of Authorized Transporter of Casinghead Gas Natural Gas Pipeline Co. of Amer If well produces oil or liquids, Unit Sec.	or Dry Gas X Address ica P. O Twp. Rgs. Is gau o	(Cive address to Box 283, ctually connected	Which approved copy of Houston, Texas	of this form is to 77001	be sentj
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RECEIVED

Form C-104 Revised 10-01-78 Format 06-01-83 Page 2

IV. COMPLETION DATA

Designate Type of Completion	pn = (X)	Gas Well X	New Well X	Workover	3 Deepen 3	Plug Back	¹ Same Res'v.	Diff. Resty.
Date Spudded	Date Compl. Ready to Pi	od.	Total Depti	 ħ		P.B.T.D.	_t	.
8-1-89	9-14-89		11,850'		11,848'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3375.1' GR	Morrow 11,478'		11.377'					
Periorations						Depth Cast		
11,478-11,490'							• • • • •	
	TUBING, C	ASING, ANI	CEMENTI	NG RECOR	D			
HOLESIZE	CASING & TUDING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		525'		Circ			
12 1/4"	8 5/8"		2.707'		Circ			
7 7/8"	4 1/2"		11.8				Class "H"	·······
	2 3/8"		11,3	and all the summaries where the summaries of the summarie		Pkr	viassų.	

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 clicumoil. WELL able for this depth or be for full 24 hours)

Doi	e Firet New Oil Hun To Tanke	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
Lei	gih of Test	Tubing Pressure	Casing Pressure	Choke Size	
<u> </u>	val Prod. During Teet	ОЦ•БЫ б.	Water - Bbls.	Gas-MCF	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/AMCF	Gravity of Condensate			
675	3 hrs	· ·				
Teating Method (pitot, back pr.)	Tubing Prossure (Sint-IN)	Cosing Pressure (Shut-is)	Choke Size			
Pitot	3900	Pkr	16/64"			