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## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

ARJUNA OFFICE-

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1REQUEST 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)	
<input checked="" type="checkbox"/> New Well	Change in Transporter of:
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate
Other (Please explain)	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
EXX COM "17" FED Com	1	<del>Wildest Morrow</del>	State, Federal or Fee Federal	NM-76972
Location				
Unit Letter <u>I</u> ; <u>1980</u> Feet From The <u>south</u> Line and <u>660'</u> Feet From The <u>east</u>				
Line of Section <u>17</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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Permian <b>SCURLOCK PERMIAN CORP EFF 9-1-91</b>	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)	
Natural Gas Pipeline Co. of America	P. O. Box 283, Houston, Texas 77001	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	<u>I</u>	<u>17</u>
	Twp.	Rge.
	<u>23-S</u>	<u>26-E</u>
Is gas actually connected?	When	
<u>Yes</u>	<u>10-28-89</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: NM NM-82032

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)  
10-30-89  
(Date)

## OIL CONSERVATION DIVISION

APPROVED NOV 6 1989, 19  
BY ORIGINAL SIGNED BY  
SUPERVISOR, DISTRICT II  
TITLE \_\_\_\_\_

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 allow-  
able 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					
Date Spudded 8-1-89	Date Compl. Ready to Prod. 9-14-89		Total Depth 11,850'		P.B.T.D. 11,848'				
Elevations (DF, RKB, RT, GR, etc.) 3375.1' GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 11,478'		Tubing Depth 11,377'				
Perforations 11,478-11,490'					Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING 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"		11,848'		650 sx Class "H"				
	2 3/8"		11,377'		Pkr				

#### 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
Annual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

#### GAS WELL

Actual Prod. Test - MCF/D 675	Length of Test 3 hrs	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (Shut-in) 3900	Casing Pressure (Shut-in) Pkr	Choke Size 16/64"