

DISTRIBUTION			
SANTA FE		✓	
FILE		✓	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	✓	
OPERATOR		✓	
PRODUCTION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVED

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

JAN 03 '88

I. Operator
Bettis Brothers, Inc. ✓

Address
500 W. Wall, Suite 312, Midland, Texas 79701

Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)
Change of Ownership effective 1/1/88

If change of ownership give name and address of previous owner
Enron Oil & Gas Company, P. O. Box 2267, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gulf 5 Federal	Well No. 1	Pool Name, Including Formation Rustler Bluff Atoka	Kind of Lease State, Federal or Fee Federal	Lease No. NM 15302
Location Unit Letter <u>H</u> ; <u>2310</u> Feet From The <u>north</u> Line and <u>660</u> Feet From The <u>east</u> Line of Section <u>5</u> Township <u>25S</u> Range <u>29E</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"/> None	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> CNG Producing Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2115, Tulsa, Oklahoma 74101-2115			
If well produces oil or liquids, give location of tanks. Unit <u>H</u> Sec. <u>5</u> Twp. <u>25</u> Rge. <u>29</u>	Is gas actually connected? Yes	When 12/18/86		

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
			X						
Date Spudded 6-26-85	Date Compl. Ready to Prod. 5-19-86	Total Depth 12,650		P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 2,926 GR	Name of Producing Formation Atoka	Top Oil/Gas Pay 12,420		Tubing Depth 2 3/8 @ 10,184 w/PBR					
Perforations 12,420 - 12,429				Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
20"	16" 65#		623		700 sx				
12 1/2"	10 3/4" 40.50 & 45.50#		2650		1425 sx				
9 1/2"	7 5/8" 33.70 & 29.70#		10500		1150 sx				
6 1/2"	4 1/2" 13.50#		12650 TOL 10184		425 sx				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1581	Length of Test 24 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) 1240	Casing Pressure (Shut-in) 750	Choke Size 13/64"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 05 1988, 19

BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

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