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Form C-104  
Revised 10-01-78  
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Page 1STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

## OIL 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"/>
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TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
FORMATION OFFICE	<input type="checkbox"/>

I. Operator Bettis Brothers, Inc. ✓

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

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change In Transporter of:	Other (Please explain)
<input checked="" 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	

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

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Gulf "5" Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Rustler Bluff Atoka</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-15302</u>
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>25 South</u> Range <u>29 East</u> , NMPM, <u>Eddy</u> County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

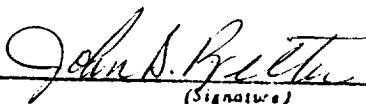
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
None	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas CNG Prod. Co.</u>	<u>2115 Tulsa, Okla. 74101-2115</u> <u>P. O. Box 4492, El Paso, Texas 79968</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>H</u> Sec. <u>5</u> Twp. <u>25S</u> Rge. <u>29E</u>	Yes <u>12-18-86</u>

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.

## IV. 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.



Vice-President

(Title)

2-23-88

(Date)

## OIL CONSERVATION DIVISION

APPROVED APR 25 1988, 19 \_\_\_\_\_BY Original Signed By  
Mike Williams  
TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1105.

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.

# V. COMPLETION DATA

W. 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 1-18-88	Date Compl. Ready to Prod. 2-3-88			Total Depth 12,650'			P.B.T.D. 12,388'		
Elevations (DF, HKB, RT, GR, etc.) 2925' GR	Name of Producing Formation Atoka			Top Oil/Gas Pay 12,350'			Tubing Depth 2 7/8" @ 10,187' w/PBR		
Perforations 12,350-360'							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#	2,650'	1425 sx
9 1/2"	7 5/8" 33.70# & 29.70#	10,500'	1150 sx
6 1/2"	4 1/2" 13.50#	12,650 TOL 10,184'	425 sx

# 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 tdy 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 2100	Length of Test 24 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (Pilot, Back pr.) Back pressure	Tubing Pressure (Shut-in) 6800	Casing Pressure (Shut-in) 2600	Choke Size 9/64"