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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

RECEIVED

NOV 4 1991

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page  
CLSR  
LTH  
OP

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Bettis, Boyle & Stovall ✓	Well API No. 300152586700S1
Address P. O. Box 1240, Graham, TX 76450	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pickett Draw Federal	Well No. -2-	Pool Name, Including Formation Undesignated Delaware	Kind of Lease State, Federal or Fee FED	Lease No. NMNM15303
Location Unit Letter N : 1235' Feet From The S Line and 1515' Feet From The W Line Section 10 Township 25 South Range 29 East , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Pride Pipeline <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1207, Graham, TX 76450					
Name of Authorized Transporter of Casinghead Gas El Pason Natural Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 10	Twp. 25S	Rge. 29E	Is gas actually connected? No-Vented	When ? ----
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 X	Gas Well	New Well	Workover	Deepen	Plug Back X	Same Res'v	Diff Res'v
Date Spudded 2-7-88	Date Compl. Ready to Prod. 9-15-88	Total Depth 14,000'	P.B.T.D. 5220'					
Elevations (DF, RKB, RT, GR, etc.) 3021.2 GR	Name of Producing Formation Undesignated Delaware	Top Oil/Gas Pay 5184'	Tubing Depth 5100'					
Perforations 5184-5204' 2 spf	Depth Casing Shoe							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"	94#	620'		1250 sx(750 sx 1t+500 sx Class C)			
17-1/2"	13-3/8"	68#	3070'		4600 sx(4100 sx 1t+500 sx Class C)			
12-1/4"	9-5/8"	43.50# + 47#	10260'		1125 sx(562 sx Pozmix+563 sx Prem)			

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 Tank 10-19-91	Date of Test 10-23-91	Producing Method (Flow, pump, gas lift, etc.) Producing		Choke Size Open Gas-MCF
Length of Test 24 hrs	Tubing Pressure -----	Casing Pressure 15 PSIG		
Actual Prod. During Test 241 BBLs	Oil - Bbls. 75	Water - Bbls. 166		

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Veda Unkart  
Signature  
Veda Unkart  
Printed Name  
10/29/91  
Date  
Operations Secretary  
817-549-0780  
Title  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 16 1991

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.