

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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

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NOV 14 '88

O. C. D.
ARTESIA OFFICE

REQUEST 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)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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 Exxon Federal	Well No. 1	Pool Name, including Formation Rustler Bluff Atoka	Kind of Lease State, Federal or Fee Federal	Lease No. NM-55929
Location Unit Letter A : 860 Feet From The East Line and 660 Feet From The North Line of Section 08 Township 25 South Range 29 East, NMPM, Eddy 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)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P. O. Box 1492, El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					Yes	9-14-88

Post ID-2

12-15-89
camp & BK

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.

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.

Kim Siger
(Signature)

Production Assistant

(Title)

10-18-88

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 11 1989, 19 _____

BY ORIGINAL SIGNED BY

MIKE WILLIAMS
TITLE SUPERVISOR, DISTRICT II

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 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'
			X	X					
Date Spudded 03-30-88	Date Compl. Ready to Prod. 09-15-88		Total Depth 13,777'			P.B.T.D. 13,650'			
Elevations (DF, RKB, RT, GR, etc.) 2934.4	Name of Producing Formation Atoka		Top Oil/Gas Pay 12,394'			Tubing Depth 12,344'			
Perforations 12,394' - 12,404' - 41 holes						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
26"	20"		637'			1800 SX.			
17-1/2"	13-3/8"		2875'			2700 SX.			
12-1/4"	9-5/8"		10,100'			900 SX.			
	2-7/8"		12,344'						

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 8/22/88 3064 MCF	Length of Test 1 hour	Bbls. Condensate/MMCF TSTM	Gravity of Condensate N/A
Testing Method (pilot, back pr.) backpressured	Tubing Pressure (shut-in) 3492	Casing Pressure (shut-in) -0-	Choke Size 16/64"

Tubing, casing and cementing record cont.

7-5/8" liner set from 9785 to 13,777 cemented w/900 sx.