

RECEIVED

Submit 3 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

DEC 10 '80

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

O. C. D.
ARTESIA OFFICE

OERID-2175

Prop-1008

Pool-84355

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator BETTIS, BOYLE & STOVALL		Well API No. 300152589400S1
Address P. O. BOX 1240, GRAHAM, TEXAS 76046		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" 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 EXXON "8" FEDERAL	Well No. - 1 -	Pool Name, Including Formation RUSTLER BLUFF ATOKA/MORROW	Kind of Lease FED. State, Federal or Fee	Lease No. NM-55929
Location				
Unit Letter A	860	Feet From The E Line and 860	Feet From The E Line	
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 checked="" 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

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

DHC-797

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				
Date Spudded 3-30-88	Date Compl. Ready to Prod. 11-11-90-WORKOVER		Total Depth 13,879		P.B.T.D. 13,650			
Elevations (DF, RKB, RT, GR, etc.) 2934.4 G R	Name of Producing Formation ATOKA & MORROW		Top Oil/Gas Pay 42,394 13,604		Tubing Depth 12,372			
Perforations 13,604-614		13,158-163		Depth Casing Shoe				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	637	1800
17 1/2"	13 3/8"	2875	2700
12 1/4"	9 5/8"	10,000	900
	2 7/8"	12,372	NONE

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	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	Length of Test 24 HRS.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) backpressure	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.

Signature **Kim Ligon**
Printed Name **Kim Ligon** Title **Production Analyst**
Date **12/4/90** Telephone No. **817-549-0780**

OIL CONSERVATION DIVISION

Date Approved **AUG 30 1991**By **ORIGINAL SIGNED BY**Title **SUPERVISOR DISTRICT I**

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.