

Submit 5 Copies
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 Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

JAN 09 '89

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | |
|---|---|
| Operator Bettis, Boyle & Stovall ✓ | Well API No. 30-015-25977 |
| Address P.O. Box 1240, Graham, TX 76046 | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: |
| Recompletion <input 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 Lotos Federal | Well No. -1- | Pool Name, Including Formation S. Sand Dunes Lower Penn. | Kind of Lease Fed. State, Federal or Fee | Lease No. NM-29234 & NM-63757 |
| Location Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line Section 09 Township 24S Range 31E, 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, TX 79978 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When? |
| | | | | | yes | 12/20/88 - 6:00 pm |

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 XX | New Well XX | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded 09/08/88 | Date Compl. Ready to Prod. 11/27/88 | Total Depth 15,300 | P.B.T.D. 15,205 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3482' KB | Name of Producing Formation Morrow | Top Oil/Gas Pay 14,994 | Tubing Depth 14,974 | | | | | |
| Perforations 14,994 - 15,004 - 40 shots | | | Depth Casing Shoe 15,300 | | | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 26" | 20" | 675' | 1225 sx. | | | | | |
| 17.875" | 13 3/8" | 4431' | 3600 sx. | | | | | |
| 12.25" | 9 5/8" | 11,674' | 750 sx. | | | | | |
| 8.5" | 5 1/2" | 11,486-15,300' | 400 sx. | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE 2 7/8" tubing set @ 14,974'

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 Post ID-2 2-3-89 comp & BK |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas- MCF |

GAS WELL

| | | | |
|---|-----------------------------------|--------------------------------|------------------------------|
| Actual Prod. Test - MCF/D 12/23/88 - 2517 MCF | Length of Test 24 hrs. | Bbls. Condensate/MMCF 0 | Gravity of Condensate N/A |
| Testing Method (pilot, back pr.) back pressure | Tubing Pressure (Shut-in) 6450 | Casing Pressure (Shut-in) 0 | Choke Size 11.5/64" |

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 Assistant
Date 1/4/89 Telephone No. 817-549-0780

OIL CONSERVATION DIVISION

Date Approved JAN 27 1989
By Original Signed By Mike Williams
Title

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.