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

State of New Mexico  
Energy, Minerals and Natural Resources Department

RECEIVED

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

OIL CONSERVATION DIVISION

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

OCT 9 '90

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

ARTESIA, OFFICE

I.

Operator Bettis, Boyle and Stovall ✓	Well API No. 3001526395
Address P. O. Box 1240, Graham, Texas 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 "B" Federal	Well No. -1-	Pool Name, Including Formation S. Sand Dunes Lower Penn	Kind of Lease FED State, Federal or Fee	Lease No. NM-70895
Location Unit Letter K : 1980 Feet From The Morrow South Line and 1980 Feet From The West Line Section 10 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, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
					yes	09/24/90

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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		XX	XX					
Date Spudded 06/23/90	Date Compl. Ready to Prod. 09/23/90	Total Depth 14,997		P.B.T.D. 14,997				
Elevations (DF, RKB, RT, GR, etc.) 3457.3 GR	Name of Producing Formation MORROW	Top Oil/Gas Pay 14,950		Tubing Depth 14,847				
Perforations open hole 14,950-14,997				Depth Casing Shoe 14,950				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"; 94, 106.5 & 147#		671		1225 sx Prof ID-2			
17 1/2"	13 3/8"; 61, 68 & 72#		4316		3100 sx 10-26-90			
12 1/4"	9 5/8"; 43.5, 47 & 53 5#		11,750		350 sx comp + BK			
6 1/2"	5 1/2"; 23# P110 liner		11,387-14,950		425 sx			

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 2026- 10/1/90	Length of Test 24 hrs.	Bbls. Condensate/MMCF NONE	Gravity of Condensate NONE
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) 2817	Casing Pressure (Shut-in) 0	Choke Size 13 - 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, Production Analyst  
Printed Name  
October 3, 1990  
Date  
817-549-0780  
Telephone No.

OIL CONSERVATION DIVISION

OCT 23 1990

Date Approved

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.