

RICT II
Drawer DD, Artesia, NM 88210
RICT III
Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

erator Bettis, Boyle & Stovall	Well API No. 30-015-26889
ress P. O. Box 1240, Graham, TX 76450	
son(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
v Well <input checked="" type="checkbox"/>	Change in Transporter of:
ompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
ange in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

ange of operator give name
address of previous operator

DESCRIPTION OF WELL AND LEASE	
se Name Pickett draw Federal	Well No. 3
Pool Name, Including Formation Wildcat (Delaware)	
Kind of Lease State, Federal or Fee	Lease No. NM-15303
ation Unit Letter M : 582 Feet From The South Line and 738. Feet From The West Line	
Section 10 Township 25S Range 29E , NMPM, Eddy County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
me of Authorized Transporter of Oil <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
me 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)
Well produces oil or liquids, location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ? M 10 25S 29E No

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

COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/>
te Spudded 12/11/91	Date Compl. Ready to Prod. 01/05/92
ations (DF, RKB, RT, GR, etc.) 3003.3 GR	Name of Producing Formation Delaware Sand
forations 5136, 41, 43, 45, 51, 55, 59, 60, 61, 62	Total Depth 5202'
	Top Oil/Gas Pay 5130'
	Tubing Depth 5090'
	Depth Casing Shoe 5202'

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8"	428'	215 SX 207 FC-2
7-7/8"	5-1/2"	5202'	1300 SX 3-6-22
5-1/2"	2-7/8"	5090'	N/A pump & BK

TEST DATA AND REQUEST FOR ALLOWABLE			
L 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.)			
te First New Oil Run To Tank 1/5/92	Date of Test 1/11/91	Producing Method (Flow, pump, gas lift, etc.) pumping	
ngth of Test 24 hrs	Tubing Pressure 0	Casing Pressure 10	Choke Size None
ctual Prod. During Test 27 BO	Oil - Bbls. 27	Water - Bbls. 156	Gas- MCF 0

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

I. 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 Kim Ligon Title
Date 1/15/92 Telephone No. 817-549-0780

OIL CONSERVATION DIVISION

Date Approved FEB 2 8 1992

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.