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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

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

AUG 20 1992

O. C. D.  
OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Bettis, Boyle & Stovall ✓	Well API No. 30-015-27008
Address P. O. Box 1240, Graham, TX 76450	
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 Cactus 16 State	Well No. -1-	Pool Name, including Formation Wildcat Brushy Creek	Kind of Lease STATE	Lease No. V-2372
Location Unit Letter C : 2310 Feet From The West Line and 330 Feet From The North Line Section 16 Township 24S Range 31E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Pride Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1207, Graham, TX 76450					
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)					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 16	Twp. 24S	Rge. 31E	Is gas actually connected? No	When?

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 6/17/92	Date Compl. Ready to Prod. 7/17/92		Total Depth 8450		P.B.T.D. 8391			
Elevations (DF, RKB, RT, GR, etc.) 3492 GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 8053		Tubing Depth 8230			
Perforations 8053-8089', perfed 1 SPF, 36 holes					Depth Casing Shoe 8450			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		626'		470 sx Howco Lite + 200			
12-1/4"	8-5/8"		4250'		1450 sx Howco Prem Lite			
7-7/8"	5-1/2"		8450'		250 sx Hall Prem +			
5-1/2"	2-7/8"		8230'		-----			

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 7/17/92	Date of Test 8/13/92	Producing Method (Flow, pump, gas lift, etc.) pump 2-1/2x1-1/2x18' RWBC	
Length of Test 24 hrs	Tubing Pressure 0	Casing Pressure 100	Choke Size N/A
Actual Prod. During Test 30 BO	Oil - Bbls. 30	Water - Bbls. 136	Gas - MCF 0

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	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 Production Analyst  
Printed Name Kim Ligon Title  
Date 8/17/92 Telephone No. 817-549-0780

OIL CONSERVATION DIVISION

Date Approved SEP 16 1992

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
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.