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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

JAN 12 1994

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Bettis, Boyle & Stovall	Well API No. 30-015-27593
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 Lotos Federal	Well No. -4-	Pool Name, Including Formation Sand Dunes w. Delaware	Kind of Lease FED State, Federal or Fee	Lease No. NMNM29234
Location Unit Letter J : 2310 Feet From The South Line and 2310 Feet From The East Line Section 9 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 Co.	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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX 79978	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 09
	Twp. 24S	Rge. 31E
	Is gas actually connected? Yes	When? 1/05/94

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 11/04/93	Date Compl. Ready to Prod. 12/10/93	Total Depth 8257	P.B.T.D. 8227					
Elevations (DF, RKB, RT, GR, etc.) 3452.8 GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 8003	Tubing Depth 8162					
Perforations 8003-06; 8016-19; 8101-03; 8108-10; 8128-30; 8136-38'			Depth Casing Shoe 8257					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8" H-40 48# csg.	599'	525 SX
11"	8-5/8" 24 & 32# csg.	4335'	1810 SX
7-7/8"	5-1/2" 15.5 & 17# csg.	8257'	400 SX
7-7/8"	DV tool	6500'	400 SX

V. TEST DATA AND REQUEST FOR ALLOWABLE 5-1/2" hole; 2-7/8" N80 tbg set @ 8162'

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 12/11/93	Date of Test 12/29/93	Producing Method (Flow, pump, gas lift, etc.) Pumping - 2-1/2x1-1/2x20' RWBC	
Length of Test 24 hrs.	Tubing Pressure 250	Casing Pressure 100	Choke Size 20/64"
Actual Prod. During Test	Oil - Bbls. 69	Water - Bbls. 191	Gas - MCF 250

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  
Printed Name  
1/10/94  
Date  
Regulatory Analyst  
Title  
817-549-0780  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 1 1994

By  
SUPERVISOR, DISTRICT II  
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.