

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Rule 1104  
Superseded by Rule 1104-1  
Effective 1-1-77

WELL NO.	
FIELD NO.	
CARD NO.	
OPERATOR	
REGISTRATION OFFICE	

Bettis, Boyle & Stovall

Box 1168, Graham, Texas 76046

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change of Operator Effective 1-1-77
Incompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of Oil <input type="checkbox"/>	Change in Transporter of:
	Oil <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Casinghead Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>

Change of ownership give name and address of previous owner: Mallard Exploration, Inc., 1206 V&J Tower, Midland, Tex. 79701

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Lease Name	Low	1	Southwest Gladiola Devonian	Date, Federal or Fee	Fee
Location	Unit Letter A	354	North	354	East
	Line of Section 34	Township 12-S	Range 37-E	NMPM, Lea	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name 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)
Service Pipeline Company	1411 Knoxville Ave., Lubbock, Tex. 79413
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Corporation	P. O. Box 1589, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	A 34 12 37 Yes February, 1965

If this 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 type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Test as <input type="checkbox"/> Inf. Reviv. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL	
Date First New Oil Run To Tanks	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	Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

**CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*[Signature]*  
Agent  
January 25, 1977  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED *[Signature]*, 19\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviator tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on a new well or deepened well.  
Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter or other such change of condition.

RECEIVED

JAN 27 1977

OIL CONSERVATION COMM.  
HOBBS, N. M.