

3	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	1
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
RECEIVED
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-11
Effective 1-1-65

SEP 10 1976

O. C. C.
ARTESIA, OFFICE

Operator
Bettis, Boyle and Stovall

Address
Box 1168 Graham, Texas 76046

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Change of Operator effective June 1 1976, From Reading & Bates Offshore Drilling Co.	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Change in Ownership <input checked="" type="checkbox"/>			

If change of ownership give name and address of previous owner
Reading and Bates Offshore Drilling Co.
(Salt Water Disposal Well) Re: Order No. SWD-78

DESCRIPTION OF WELL AND LEASE		Lease No.	
Lease Name White Ranch	Well No. 2	Pool Name, including Formation SWD well San Andres	Kind of Lease State, Federal or Fee Fee
Location Unit Letter H : 1836 Feet From The North Line and 660 Feet From The East Line of Section 1 Township 12-S Range 28-E, NMPM, Chaves County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>			
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	Sec.	Twp.
	Rge.	Is gas actually connected? When	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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

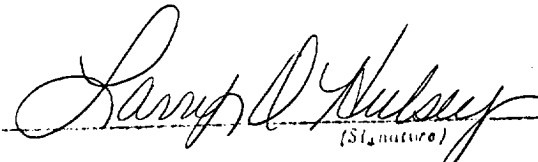
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To 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		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test				
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.


Petroleum Engineer
September 7, 1976
(Date)

OIL CONSERVATION COMMISSION SEP 13 1976	
APPROVED	19
BY	W. A. Gressett
TITLE	SUPERVISOR, DISTRICT II
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 cylinder tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on newly re-completed wells. Fill out only Sections I, IV, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.	