

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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JUN 29 1987
 G. C. D.
 ASTEREA OFFICE

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Bettis, Boyle & Stovall

Address
P. O. Box 1240, Graham, Texas 76046

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well (See Other)	Change In Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change In Ownership	<input type="checkbox"/> Castinthead Gas	<input type="checkbox"/> Condensate

Other (Please explain)
Re-Entry of Superior Oil Company
Soto1 Federal #1 (P & A 2-20-84)
to recomplate in new zone (Atoka Bank)

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Soto1 Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Wildcat-Atoka Bank</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-67106</u>
Location				
Unit Letter <u>F</u>	: <u>1980</u>	Feet From The <u>North</u>	Line and <u>1980</u>	Feet From The <u>West</u>
Line of Section <u>12</u>	Township <u>24-S</u>	Range <u>31-E</u>	NMPM, <u>Eddy</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Castinthead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>El Paso Natural Gas Company</u>	<u>P. O. Box 1492, El Paso, Texas 79978</u>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rqe.
Is gas actually connected?	When			
<u>Yes</u>	<u>5-12-87</u>			

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Walter A. Stovall
(Signature)
Petroleum Engineer
(Title)
5-15-87
(Date)

OIL CONSERVATION DIVISION
APPROVED JUL 14 1987, 19____
BY _____ Original Signed By
Les A. Clements
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 deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of equipment.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

V. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well X	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2-9-87	Date Compl. Ready to Prod. 3-2-87		Total Depth 15620'			P.B.T.D. 14210'			
Deviation (DF, RKB, RT, CR, etc.) 3557.5 K.B.	Name of Producing Formation Atoka Bank		Top Oil/Gas Pay 13997			Tubing Depth 13880			
Perforations 13997' - 14070' (32 Holes)						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	SEE ATTACHED SHEET		

TEST DATA AND REQUEST FOR ALLOWABLE (Text 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

AS WELL

Actual Prod. Test - MCF/D 712	Length of Test 24 Hr.	Bbls. Condensate/MMCF .TSTM	Gravity of Condensate TSTM
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 820	Casing Pressure (shut-in) 500	Choke Size 24/64'