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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Superseding Old C-104 and C-105
Effective 1-1-65

I. Operator
BETTS, BOYLE, & STOVALL

Address
BOX 1168 GRAHAM, TEX. 76046

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☐	Change in Transporter of:	
Recompletion ☐	Oil ☒	Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐	Condensate ☐

EFFECTIVE 11/1/77

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE 'F'	Well No. 2	Pool Name, including Formation VACUUM G-SA	Kind of Lease State, Federal or Fee STATE	Lease No. B-224
Location				
Unit Letter L	1650	Feet From The SOUTH Line and 660	Feet From The WEST	
Line of Section 20	Township 17S	Range 35E	LEA	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ PERMIAN CORP.	Address (Give address to which approved copy of this form is to be sent) BOX 1183 HOUSTON, TEX. 77001			
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ PHILLIPS PETROLEUM CO.	Address (Give address to which approved copy of this form is to be sent) PHILLIPS BLDG. BARTLESVILLE, OKLA.			
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 20	Twp. 17S	Rge. 35E
	Is gas actually connected?		When	
	NO			

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

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 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

VI. 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.

PROD. SUPT.

9/20/77

OIL CONSERVATION COMMISSION

APPROVED **SEP 23 1977**, 19

BY **Jerry Sexton**
TITLE **Dist. J. Supv.**

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 daylight 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 re-completed 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 condition.