

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANITARY	
FILE	
MAILING	
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
Supersedes Old C-104 and C-111
Effective 1-1-65

Operator BETTS, BOYLE, & STEVALL	
Address BOX 1168 GRAHAM, TEXAS 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 4/1/77	

If change of ownership give name and address of previous owner **SUN OIL CO., BOX 1861, MIDLAND, TEXAS 79701**

1. DESCRIPTION OF WELL AND LEASE			
Lease Name JAMES McFARLAND	Well No. 4	Pool Name, including Formation CHAVAROO SAN ANDRES	Kind of Lease State, Federal or Free FREE
Location			
Unit Letter L	060	Feet From The WEST Line and 1980 Feet From The SOUTH	
Line of Section 20	Township 7S	Range 33E	N.M.C.M. ROOSEVELT

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
NONE- SALTWATER DISPOSAL WELL	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
NONE- SALTWATER DISPOSAL WELL	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
	Is gas actually connected? When

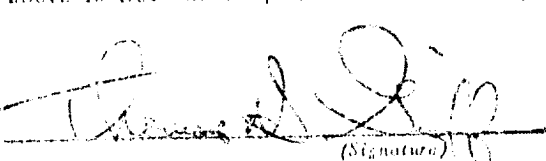
If this production is commingled with that from any other lease or pool, give commingling order number:

3. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Pump Re-st. Drill Re-st.
Date Spudded	Date Compl. Ready to Prod.
Total Depth	P.B.T.D.
Elevations (DE, RKB, RT, CR, etc.)	Name of Producing Formation
Top Oil/Gas Pay	Testing Depth
Perforations	Depth Casing Shoe

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

4. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead 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	Testing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
		Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (open, back pr.)	Testing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

5. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED <u>5-21-1977</u> , 19	
 (Signature)		BY <u>John J. Berman</u> Title <u>State Engineer</u>	
PROP. SUB. (Date) <u>9/19/77</u> (Date)		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 production tests taken on the well in accordance with RULE 1111. All sections of this form must be filled out completely for the applicable or new and complete a valid one. Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter or other such change of conditions.	

RECEIVED

SEP 19 1977
OIL CONSERVATION COMB
HOBBS, N. M.