Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

Energy, Minerals and Natural Resources D⸱ ⸱ment

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

02061

I.

Operator: _Herman J. Ledbetter_

Well API No. _____

Address: _Box 5879   Abilene, Texas 79608_

Reason(s) for Filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Operator ☐

Change in Transporter of:

Oil ☐   Dry Gas ☒
Casinghead Gas ☐   Condensate ☐

Other (Please explain) ☐

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name: _Gulf State_   Well No. _3_   Pool Name, Including Formation: _Vacuum GB SA_   Kind of Lease (State) Federal or Fee   Lease No. _B3385_

Location

Unit Letter _C_ : _660_ Feet From The _North_ Line and _1980_ Feet From The _West_ Line

Section _21_   Township _17S_   Range _34E_ , NMPM, _Lea_ County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Navajo Ref. Co

Address (Give address to which approved copy of this form is to be sent).
Box 159, Artesia, New Mexico

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Phillips 66 natl gas   GPM Gas Corporation

Address (Give address to which approved copy of this form is to be sent)
EFFECTIVE: February 1, 1992

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: _____

IV. 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

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 Tank	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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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

Signature: _Herman J. Ledbetter_

Printed Name: _Herman J. Ledbetter, Operator_   Title _____

Date: _6/4/91_   Telephone No. _915-692-0671_

OIL CONSERVATION DIVISION

Date Approved ___ **JUN 1 1 1991**

By ___ ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter or other such changes
4) Separate Form C-1⸱⸱ ⸱⸱⸱⸱⸱