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O.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 OIL C-104 and C-105
Effective 1-1-65

Operator Bettis, Boyle & Stovall	
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 October 1, 1976	

If change of ownership give name and address of previous owner Josaline Production Company, Box 1522, Okla. City, Okla. 73101

DESCRIPTION OF WELL AND LEASE				
Lease Name State "C"	Well No. 2	Pool Name, including Formation Vacuum	Kind of Lease State, Federal or Fee State	Lease No. B-1398
Location				
Unit Letter P	330	Feet From The South	Line and 330	Feet From The East
Line of Section 19	Township 17S	Range 35E	N.M.P.M. Lea	County

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)		
Texas-New Mexico Pipeline Co.		Box 1510, Midland, Texas		
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐		Address (Give address to which approved copy of this form is to be sent)		
Phillips Petroleum Co.		4th and Washington, Odessa, Texas		
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 19	Twp. 17S	Rge. 35E
				Is gas actually connected? No

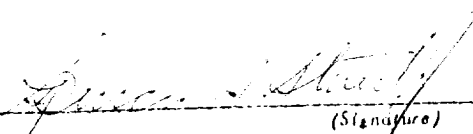
If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res't	Ent. Res't
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 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	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/MCF	Gravity of Condensate
Testing Method (pitot, 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.	
	
Agent	(Signature)
October 8, 1976	(Date)

OIL CONSERVATION COMMISSION	
APPROVED	OCT 10 1976
BY	
TITLE	
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 fluid tests taken on the well in accordance with RULE 111.	
All sections of this form must be filled out completely for allowable on newly recompleted wells.	
Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.	