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

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

Form C-104
Supersedes Old C-101 and C-110
Effective 1-1-65

Operator BETTS, BOYLE, & STOVALL	
Address BOX 1163 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 ☐

If change of ownership give name and address of previous owner **MINTEX OIL CO., 508 PEARSON PARK BLVD., MINNEAPOLIS, MINN.**

I. DESCRIPTION OF WELL AND LEASE				
Lease Name YOUNG FEDERAL	Well No. 5	Pool Name, including Formation YOUNG QUEEN	Kind of Lease State, Federal or Fee FED. OIL	Lease No. NEA 9016
Location Unit Letter H ; 660 Feet From The EAST Line and 1280 Feet From The NORTH				
Line of Section 19 Township 19S Range 30E , NMPM, 17A County				

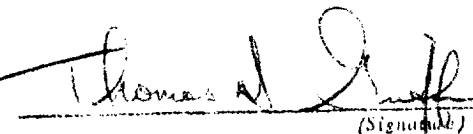
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil ☒ or Condensate ☐ N. V. A. OIL CO., PUEBLO, CO.		Address (Give address to which approved copy of this form is to be sent) BOX 175 ARTERIA, N. MEX. 36210		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ VENTED		Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 19	Twp. 18S	Rge. 32E
Is gas actually connected?		When		

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

V. COMPLETION DATA				
Designate Type of Completion - (X)				
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	

VI. 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

VII. 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.	
 (Signature)	
THOMAS J. SMITH (Title)	
8/10/77 (Date)	

OIL CONSERVATION COMMISSION	
AUG 10 1977	
APPROVED	Signed by _____, 19__
BY	Jerry Sexton Dist. 1, Sec. 2
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 deviation logs 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 name, well name or number, or transporter or other such change of condition.	

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1977

OIL CONSERVATION COMM
HOBBS, N. M.