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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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-110
Effective 1-1-65

I. OPERATOR
Operator C. BELL & HEDRICK

Address P.O. BOX 401, MIDLAND, TEXAS 79702

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No., Section, Township, Range, and Meridian	Kind of Lease	FED 032591(c)
Location	0 660 South 1980	State, Federal or Fee	East
Unit Letter	19 Feet From 216	Line 875	Feet From Lea
Line of Section	Township	Range	County

III. 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)				
Getty Oil Co.		P.O. Box 2648, Houston, Texas 77001				
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)				
		P.O. Box 3000, Tulsa, Oklahoma 74102				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
						DHC 226

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'tv.	Diff. Res'tv.
4/21/77	6/27/77	9250					6808	
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.		
3490.5 GR	Drinkare	6617-6712					6550	
Elevations (D.R.K. R.R. GR. etc.)	Name of Producing Formation	Top Gas Pay				Tubing Depth		
6617, 6621, 6627.3, 6630, 6654, 6657.5, 6668, 6671, 6698, 6700, 6703, 6708, 6710 and 6712						Depth Casing Shoe	6851	
Perforations								
17 1/2	13 3/8	3 1/2	2800	350-circulated				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
8 3/4	5 1/2	6851		850-circulated				
	2 3/8	6550		900-Approx top 1200				

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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.)
6/17/77	6/27/77	Flow
Length of Test	Tubing Pressure	Casing Pressure
24	0-600	900
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
	8.0	0
		Gas - 240

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.

PARTNER

(Signature)

7/27/77 (Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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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 deviation 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 recompleted 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. Separate Forms C-104 must be filed for each pool in multiv