Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	OTRAN	SPORT OIL	AND NA	TURAL GA					
Operator						Well	API No.			
Bettis, Boyle & Stov	all									
Address P. o. Box 1240, Graf	nam, TX	76450					•	·		
Reason(s) for Filing (Check proper box)				∑ Oth	er (Please expla	in) We	ll was p	ut back	to pump-	
New Well	•	Change in Tr	ansporter of:	ing o	n 3/20/92	2 - allo	owable r	equested	d (sold	
Recompletion	Oil		Ty Gas	a ver	y small a	amount (of gas i	n March;	; began	
Change in Operator	Casinghead	Gas C	ondensate	makin	g oil in	later /	<u>April)</u>			
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	AND LEA	SE							•	
Lease Name Patsy "A"		Well No. Po	ool Name, Includi Langlie Ma	ing Formation Kind of State,			of Lease FE Federal or Fe	Lease FFF Lease No.		
Location Unit Letter	. 990) F	eet From The	lorth Lin	e and	80 Fe	et From The	East	Line	
20					NMPM, Lea County					
III. DESIGNATION OF TRAI										
Name of Authorized Transporter of Oil		or Condensat		Address (Giv	e address to wh	iich approved	copy of this f	orm is to be se	nt)	
Scurlock-Permian Cor	1 1			1	ox 4648,				_	
Name of Authorized Transporter of Casin	Address (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Warren Petroleum Co.				P.O. Box 1589, Tulsa, OK 74102						
If well produces oil or liquids, Unit Sec. Twp.			wp. Rge.							
give location of tanks.	i B	_	22S 37E	Yes		11/7	1			
If this production is commingled with that	from any othe	r lease or po	ol, give commingl	ing order num	ber:					
IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	l	1 025 11011	1) Deepen	1	1		
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						
				CON CENTRAL	NG PEGOD		<u> </u>			
TUBING, CASING AND							SACKS CEMENT			
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			SACRS CEMENT		
							 			
										
V. TEST DATA AND REQUE	CT FOD A	LOWAD	or E	<u> 1</u>						
=				he annal to on	aread top all	wahla for thi	e denth or he	for full 24 hour	re l	
OIL WELL (Test must be after Date First New Oil Run To Tank			loda ou ana musi					101 July 21 11011		
					Producing Method (Flow, pump, gas lift, etc.)					
4-23-92 Length of Test	5-19-92			pumpin Casing Press			Choke Size			
•	Tubing Pressure			40						
24 hrs. Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF	***		
15 BO	15			25			70			
GAS WELL										
Actual Prod. Test - MCF/D	MCF/D Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pres	sure (Shut-in)	Casing Pressure (Shut-in)			Choke Size			
				1,						
VI. OPERATOR CERTIFIC					OIL CON	ICEDV	ΔΤΙΩΝ	חועופור	M	
I hereby certify that the rules and regu				\		NOLITY.				
Division have been complied with and			above				•	MAY 27"	92	
is true and complete to the best of my)knowledge and	a belief.		Date	Approve	d				
Mum Yugon	/						A Medak e	EXTON		
Signature Kim Ligon	Produc	tion An		By ORIGINAL SIGNED BY JERRY SEXTON BESTRICT I SUPPRIVISOR						
Printed Name 5/20/92	817_5/	т 9-0780	itle	Title			· · · · · · · · · · · · · · · · · · ·			
5/20/92 Date	017-34		one No.							

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-104 must be filed for each pool in multiply completed wells.