

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.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
Supersedes Old C-104 and C-11
Effective 1-1-65

Operator BETTIS, BOYLE, & STEVALL	
Address BOX 1168 GRAHAM, TEXAS 76046	
Reason(s) for filing (check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of: Oil ☒ Dry Gas ☐
Recompletion ☐	Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐	EFFECTIVE 11/1/77

If change of ownership give name and address of previous owner _____

1. DESCRIPTION OF WELL AND LEASE		
Lease Name PATSY 'A'	Well No. 1 Pool Name, including Formation LANGLIE MATTIX SR-Q-G	Kind of Lease State, Federal or Fee FREE
Location Unit Letter B : 990 Feet From The NORTH Line and 1930 Feet From The EAST Line of Section 20 Township 22S Range 37E , N.M.P.M., LEA County		

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil ☒ or Condensate ☐ PERMIAN CORP.	Address (Give address to which approved copy of this form is to be sent) BOX 1183 HOUSTON, TEXAS 77001
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ WARREN PETROLEUM CO.	Address (Give address to which approved copy of this form is to be sent) BOX 1589 TULSA, OKLA. 74102
If well produces oil or liquids, give location of tanks. Unit B Sec. 20 Twp. 22S Rge. 37E	Is gas actually connected? YES When 1/71

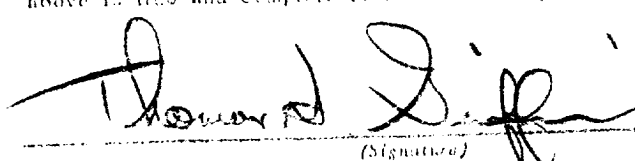
If this production is commingled with that from any other lease or pool, give commingling order number: _____

3. COMPLETION DATA	
Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res't. Perf. H.	
Date Spudded	Date Compl. Ready to Prod.
Elevations (OF, REB, RT, CR, etc.)	Name of Producing Formation
Perforations	Top Oil/Gas Pay
	Taking Depth
	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

4. 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
Length of Test	Producing Method (Flow, pump, gas lift, etc.)
Actual Prod. During Test	Tubing Pressure
	Casing Pressure
	Choke Size
	Water-Bbls.
	Gas-MCF

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
Testing Method (pneum. back pr.)	Tubing Pressure (shut-in)
	Casing Pressure (shut-in)
	Choke Size

5. 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)	
PROD. SUPT. (Title)	
9/20/77 (Date)	
OIL CONSERVATION COMMISSION SEP 20 1977	
APPROVED _____, 19____	
BY _____ Orig. Signed by Jerry Sexton Dist. 1, Supv.	
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 depth tests taken on the well in accordance with RULE 111.	
All sections of this form must be filled out completely for all wells on new and recompleting 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 available	