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Appropriate Dis, ict Office
DISTRICT J
P.O. Box 1980. lobbs, 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 63927

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

<u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	1	OTRA	NSP	ORT OI	L A	ND NATI	JHAL GA	<u>.</u>	Well AP	l No.			
Bettis, Boyle & Stovall								3002521881S1					
ddress							700			<u> </u>			
P. O. Box 1240, Graha	m, TX	76450			8	7-549-0							
leason(s) for Filing (Check proper box)				outer of:	ł		(Please expla						
lew Well	Oil	Change in	Dry C		Ga	s Trans	porter e	effe	ective	11/1/9			
		d Gas 📋									 		
change of operator give name													
d address of previous operator		1 CD				1,					NMX	In 7951	
. DESCRIPTION OF WELL A	ND LEA	Well No. Pool Name, Including				Formation			Kind of Lease FED Lease ?			ase No.	
Leonard Federal		8 Rhodes-Ya				es-SR(G	as Pool√)	State, Federal or Fee NMNM7951			7951	
ocation		L					5.60				IJ		
Unit LetterM	:	660	_ Feet l	From The _	5	Line	and <u>660</u>		Feet	t From The	<u> </u>	Line	
a di 14 Tamakin	265		Range	e 37E		, NM	рм, Le	a				County	
Section 4 Township	203		Kenk	<u> </u>									
II. DESIGNATION OF TRANS	SPORTE	CR OF O	IL A	ND NAT	UR	AL GAS	- 4.5	م ادادا		copy of this fo	rm is to be se	nt)	
Name of Authorized Transporter of Oil	*	or Coade	nsale	\boxtimes		FOOTIERS COLLES				n, TX		•	
Shell Pipeline Company Name of Authorized Transporter of Casing	y bead Gas	<u> </u>	or D	ry Gas 🔲	1/	Address (Give	address to w	hich a	pproved	copy of this fo	rm is to be se	ns)	
Sid Richardson Carbon	& Gas					201 Mai	n Stree	t,	Ft. W	lorth, I	X /610	<u> </u>	
If well produces oil or liquids,	Unit	Sec.	Twp.	Twp. Rge.		is gas actually connected?			When 7 12/30/67				
ive location of tanks.	<u> </u>	1	<u></u>		_ <u>_</u> _	Yes			<u> </u>	12/30/0	37		
this production is commingled with that IV. COMPLETION DATA	THYCH	MANS	(28)·(1NI	g omer numb = CO I	eff. 3/179	3					
V. COMPLETION DATA SIL		Oil We	11	Gas Well	7	New Well	Workover	D	eepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		i	i		_i			_ـــــــــــــــــــــــــــــــــــــ		I	L		
Date Spudded	npl. Ready	dy to Prod.			Total Depth				P.B.T.D.				
	Dendusina	i i			Top Oil/Gas Pay			Tubing Depth					
Elevations (DF, RKB, RT, GR, etc.)	e of Producing Formation												
Perforations	<u> </u>									Depth Casin	g Shoe		
							ia proof			<u> </u>			
		TUBING, CASING AND				DEPTH SET				SACKS CEMENT			
HOLE SIZE	C	ASING &	TUBIN	G SIZE	}		DEF IN SE	<u></u>			<u> </u>		
	 				\neg								
	-									''		 	
										J			
V. TEST DATA AND REQUE OIL WELL (Test must be after t	ST FOR	ALLOV	YABL	ali aa ah and n		he equal to o	exceed ton a	llowai	ble for thi	is depth or be	for full 24 ho	urs.)	
OIL WELL (Test must be after to Date First New Oil Run To Tank	Date of		ne oj io	aa ou ana n	711131	Producing M	ethod (Flow,	ршпр,	gas lift,	etc.)	·		
Date Life Lea Oil Von 10 1 mix	Date 01	JALE OF TEM									To ata Sia		
Length of Test	Tubing I	ng Pressure				Casing Pressure				Choke Size			
	- - 	Oil - Bbls.				Water - Bbls.				Gas- MCF			
Actual Prod. During Test	Oil - Bb												
CAC MEL 1						<u> </u>							
GAS WELL Actual Prod. Test - MCF/D	Length	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate			
The state of the s						•							
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)						Casing Pressure (Shut-in)				Choke Size			
			·							\			
VI. OPERATOR CERTIFIC	CATE	OF CON	APLI	ANCE			OIL CO	NS	SERV	'ATION	DIVISI	ON	
I hereby certify that the rules and regularized have been complied with and	itations of that the in	the Oil Con Normation	servatio given a	on Bove						JAN 07			
is true and complete to the best of my	knowledg	e and belief	[.			Dat	e Annrov	ed					
dem to	MM)						p. 0 t						
						By <u>CONCRIMAL SECTION OF ARBITY SECTION</u> THE TAKE OF THE TRANSPORT							
Signature Kim Liqon	/Pr	oduct	ion /	Analys1	<u>t_</u>			1,530	ार्डक्का ४ ह	: 10 +15,14 [\$	Oll		
Printed Name	0.7	7 540		ile O		Title							
January 3, 1992 Date	8	17-549		one No.		FOR	REC	OF	RD (ONLX	ADD	30 1863	
						11						$\Delta H H \Pi \Lambda$	

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.

RECEIVED

APR 2 8 1993

OCD HOBBS OFFICE