

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

DISTRIBUTION			
5% T A F E			
F I E			
G.S.			
C O D OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

I. Operator **Herman J. Ledbetter**

Address **1002 Sayles Boulevard Abilene, Texas 79605**

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

**CASINGHEAD GAS MUST NOT BE PLACED AFTER 2-1-78 UNLESS AN EXCEPTION TO R-4076 IS OBTAINED.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Jay</b>	Well No. <b>2</b>	Pool Name, including formation <b>South Leonard Queen</b>	Kind of Lease State, Federal or Fee <b>Federal NM</b>	Lease No. <b>28063</b>
Location Unit Letter <b>0</b> ; <b>990</b> Feet From The <b>South</b> ; <b>1980</b> Feet From The <b>East</b> Line of Section <b>24</b> Township <b>26S</b> Range <b>37E</b> , NMPM, <b>Lea</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Navajo Crude Oil</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Drawer 175 Artesia, New Mexico 88210</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>El Paso Natural</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1492 El Paso, Texas 79978</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>A</b>	Sec. <b>24</b>	Twp. <b>26S</b>	Rge. <b>37E</b>	Is gas actually connected? <b>No</b>	When

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <b>7-7-77</b>	Date Compl. Ready to Prod. <b>11-10-77</b>		Total Depth <b>3700</b>		P.B.T.D. <b>3554</b>		
Elevations (DF, RKB, RT, GR, etc.) <b>2988 GR</b>	Name of Producing Formation <b>Queen</b>		Perf. CL/Gas Pay <b>3503</b>		Taking Depth <b>3520</b>		
Perforations <b>3516-26</b>					Depth Casing Shoe <b>3680</b>		
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE <b>11"</b>	CASING & TUBING SIZE <b>8 5/8"</b>		DEPTH SET <b>1022</b>		SACKS CEMENT <b>350</b>		
<b>7 7/8"</b>	<b>4 1/2"</b>		<b>3680</b>		<b>400</b>		
	<b>2 3/8"</b>		<b>3520</b>				

V. 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 <b>11-11-77</b>	Date of Test <b>11-11-77</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>0</b>	Casing Pressure <b>0</b>	Choke Size
Actual Prod. During Test <b>6</b>	Oil-Bbls. <b>5</b>	Water-Bbls. <b>1</b>	Gas-MCF <b>TSTM</b>

GAS WELL

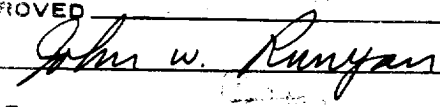
Actual Prod. Test-MCF/D	Length of Test	Oil-Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

  
Operator (Signature)  
**11-30-77** (Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
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.

RECEIVED

1977

OL. CONS. DIV. COMA.  
HOBBS, N. M.