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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Bettis, Boyle & Stovall		Well API No. 30-025-31036
Address P.O. Box 1240 Graham, TX 76046		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) New Well <input checked="" type="checkbox"/> Change in Transporter of: <i>add com to lease name</i> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of operator give name and address of previous operator _____ THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE		East Trust Dr. 8-9585		Kind of Lease		Lease No.	
Lease Name State "20" <i>com</i>		Well No. -1-	Pool Name, Including Formation Wildcat-Atoka <i>802 101 121</i>	State Federal or Fee		VB-0179	
Location Unit Letter <i>F</i> : <i>1980'</i> Feet From The <i>North</i> Line and <i>1980'</i> Feet From The <i>West</i> Line Section <i>20</i> Township <i>24S</i> Range <i>33E</i> , <i>NMPM</i> , <i>Lea</i> County							

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Pride Pipeline Company		Address (Give address to which approved copy of this form is to be sent) P.O. Box 1207 Graham, TX 76046					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Company		Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston, TX 77251-1188					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 20	Twp. 24S	Rge. 33E	Is gas actually connected? Yes	When? 5-13-91	

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'v	Diff Res'v
		X	X					
Date Spudded 11/21/90	Date Compl. Ready to Prod. 4-27-91		Total Depth 16,000'		P.B.T.D. 15,215'			
Elevations (DF, RKB, RT, GR, etc.) 3337.6 GR.	Name of Producing Formation Atoka Bank		Top Oil/Gas Pay 14,487'		Tubing Depth 14,450'			
Perforations 14,495' - 14,505' (21 holes)					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20" csg	736'	175 sx
17 1/2"	13 3/8" csg	5032'	4300 sx
12 1/4"	9 5/8" csg	12510'	1000 sx
12 1/4"	7 3/4" & 7 5/8" csg	15400'	725 sx

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

GAS WELL

Actual Prod. Test - MCF/D 600	Length of Test 24 hours	Bbls. Condensate/MMCF 15	Gravity of Condensate 52°
Testing Method (prior, back pr.) sales line	Tubing Pressure (Shut-in) 5050 psig	Casing Pressure (Shut-in) ---	Choke Size 9/64"

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

James F. O'Brian
Signature
James F. O'Brian Agent
Printed Name
7-25-91 (915) 683-5511
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved *AUG 07 1991*
By *OLGA L. GARCIA*
Title *DEPUTY DIRECTOR*

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.

SEE BACK FOR REMARKS

CEMENT BOND LOG INDICATED POOR CEMENT JOB THROUGH OUT MOST OF THE 7.5" - 7.625" LINER. AFTER PERFORATING, A BHP TEST INDICATED POSSIBLE COMMUNICATION BEHIND THE LINER. THEREFORE, THE WELL WAS PLACED ON PRODUCTION IN AN ATTEMPT TO DETERMINE THE EXTENT OF THE PROBLEM PRIOR TO CONTINUING WITH THE COMPLETION PROCEDURE. WORK IS PRESENTLY IN PROGRESS TO CORRECT THE APPARENT COMMUNICATION PROBLEM.



JAMES F. O'BRIANT

7/31/91

915-683-5511

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AUG 01 1991

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