Submit 5 Copies
Appropriate District Office
DISTRICT 1
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 64025

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator Bettis, Boyle & Stovall Address 817-549-0780 Graham, TX 76450 P. O. Box 1240, Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of New Well Dry Gas Oil Recompletion GAS TRANSPORTER EFFECTIVE 11/1/91 Casinghead Gas X Condensate Change in Operator If change of operator give name and address of previous operator **II. DESCRIPTION OF WELL AND LEASE** Kind of Lease FEE Lease No. Pool Name, Including Formation Well No. Lease Name State, Federal or Fee N/A Jalmat, Tansill, Yates, Seven Rivers 7 B. M. Justis Location 1980 1960 Line Feet From The Line and Feet From The __ Unit Letter _ County Lea Range 37E 25S , NMPM, 20 Township Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate \Box P. O. Box 2648, Houston, TX 77252 Shell Pipeline Company Address (Give address to which approved copy of this form is to be sent)
201 Main Street, Ft. Worth, TX 76102 Name of Authorized Transporter of Casinghead Gas or Dry Gas Sid Richardson Carbon & Gasoline Company Unit is gas actually connected? When ? Sec. Rge. Twp. If well produces oil or liquids, 25S | 37E give location of tanks. Yes Unknown 20 l B If this production is commingled with that from any other lease or pool, give commingling order number: GASOLINE CO. IV. COMPLETION DATA SID RICHARDSON . - Eff. 3/1/ Plug Back Same Res'v Diff Res'v Gas Well New Well Workover Deepen Oil Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Name of Producing Formation Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE **HOLE SIZE** V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Gravity of Condensate Bbis. Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above JAN 07'92 is true and complete to the best of my knowledge and belief. Date Approved . Jum Fraon ORIGINAL MONIE BY JERRY SEXTON By_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Signature Kim Ligon

January 3, 1992 Date

Printed Name

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title.

DISTRICT I SUMBRIVISOR

OR RECORD ONLY

All sections of this form must be filled out for allowable on new and recompleted wells,

Production Analyst

817-549-0780

Title

Telephone No.

- 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

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