Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Enc. by, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	OTRAN	ISPO	RT OIL	AND NA	TURAL	.GA						
Operator						Well A				Pl No.			
Bettis, Boyle & Stova	11			···-									
Address													
P. O. Box 1240, Graha	m, TX	<u> 76450 </u>			7-13								
Reason(s) for Filing (Check proper box)				_		her (Please	•						
New Well		Change in T	-	erof:						oing on	9/20/92.		
Recompletion	Oil		ry Gas		N	ew all	owab	le req	uested.				
Change in Operator If change of operator give name	Casinghead	Gas C	Condensa	ite									
and address of previous operator													
II. DESCRIPTION OF WELL A	ANDIEA	CE											
Lease Name			ool Nam	ne Includir	ng Formation			Kind	of Lease F	ET	ease No.		
B. T. Lanehart		-2-	Jalma	t-Tans	ill Ya	tes Sv	n Ri		Federal or Fe				
Location	<u></u>				···								
F	1980	_			N ti	ne and	19	80 _		W	* * * * * * * * * * * * * * * * * * * *		
Unit Letter	- :	r	eet Pron	n The	Ц	ne and		re	et From The		Line		
Section 21 Township	, 25	S R	tange	37E	. 1	мрм,	Le	ea.			County		
		c											
III. DESIGNATION OF TRANS	SPORTER	OF OIL	AND	NATUE	RAL GAS	;							
Name of Authorized Transporter of Oil		or Condensa		<u> </u>			to whi	ch approved	copy of this f	orm is to be s	ens)		
Shell Pipeline Co.	Shell Pipeline Co.						P.O. BOx 2648, Houston, TX 77252						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas						Address (Give address to which approved copy of this form is to be sent)							
Sid Richardson Carbon		201 Main St., Ft. Worth, TX 76102											
If well produces oil or liquids, Unit Sec. Twp.					Is gas actually connected? When								
give location of tanks,	IF I	21 1	25S I	37E	yes			l					
If this production is commingled with that f	rom any othe	r lease or po	ol, give	commingli	ng order nur	nber:							
IV. COMPLETION DATA									·				
Designate Trans of Completion	(V)	Oil Well	G ₂	s Well	New Well	l Workov	er	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		<u> </u>	l						<u> </u>	<u> </u>	<u> </u>		
Date Spudded	Date Compl. Ready to Prod.				Total Depth				P.B.T.D.				
					* A114								
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Dep	Tubing Depth			
									5				
Perforations									Depth Casing Shoe				
	TUBING, CASING AND				<u> </u>								
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
	ļ								-				
II MOON DAWAAND DECLIES	TEOD		nr r										
V. TEST DATA AND REQUES							.,	11 6 d	to double on he	C C-11 24 b			
OIL WELL (Test must be after re	· · · · · · · · · · · · · · · · · · ·		load ou	and must						jor juli 24 noi	urs.)		
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.) pumping								
10/10/92	10/20/92				Casing Pres				Choke Size				
Length of Test	Tubing Pressure				15				2"				
24 hrs	15			Water - Bbls.				Gas- MCF		• • • •			
Actual Prod. During Test 25 BO					1				75				
					L								
GAS WELL													
Actual Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF				Gravity of	Gravity of Condensate			
	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)								
Testing Method (pitot, back pr.)									Choke Size	CHOKE SIZE			
		·								-			
VI. OPERATOR CERTIFIC	ATE OF	COMPI	JIAN	CE	[]	011 0	<u></u>	OED)	ATION!	DIVIO	⊃NI		
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION								
Division have been complied with and that the information given above									NOV 1	NOV 1 0 '92			
is true and complete to the best of my l	cnowledge in	d belief.			Dat	te Appr	ove	d	1747 ~	- JL			
1/1 mm) 4/1 /20	ハイノ				11	1-1-					•		
WIND WAYER					By ORIGINAL SIGNED BY JERRY SEXTON								
Signature Vim Lings Production Analyst					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR								
Kim Liogn Production Analyst Printed Name Title													
11/4/92 817-549-0780					Title								
			:		11								

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.