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OIL & GAS	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-111
Effective 1-1-65

Operator Bettis, Boyle & Stovall	
Address Box 1168 Graham, Texas 76046	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of:
Re-completion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☒ Condensate ☐

If change of ownership give name
and address of previous owner

H. DESCRIPTION OF WELL AND LEASE

Lease Name B.I. Lanchart	Well No. 7	Pool Name, including Formation Jalmat-Yates-SevenRivers	Kind of Lease State, Federal or Fee Fee	Lease No. 7957
Location Unit Letter F ; 1650 Feet From The North Line and 1650 Feet From The West Line of Section 21 Township 25S Range 37E , NMPM, Lea County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Shell Pipeline Co	Address (Give address to which approved copy of this form is to be sent) Box 2648 Houston, Texas 77001			
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) Box 1492 El Paso, Texas 79978			
If well produces oil or liquids, give location of tanks.	Unit F	Soc. 21	Twp. 25S	Rge. 37E
Is gas actually connected?		When 2/25/81		

If this production is commingled with that from any other lease or pool, give commingling order number:

J. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Source Restored	Partial
Date Spudded	Date Compl. Ready to Prod.		Total Depth			F.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Taking Depth			
Perforations						Depth Casing Shoes			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

K. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

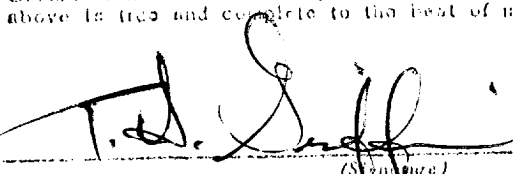
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Ratio	Water-Ratio	Gas-MCF

L. GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prod. back pr.)	Testing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

M. 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.


(Signature)

Prod. Supt.

3/17/81

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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 three or more tests taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely for all wells, new and re-completed wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter or other such change of conditions.