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

I.

State of New Mexico y, Minerals and Natural Resources Departmer

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

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator					Well A	API No.			
Betwell Oil &	Gas Company				_				
Address									
P. O. Box 2577	<u>Hialeah, F</u>	lorida 3	33 <u>012</u>						
Reason(s) for Filing (Check proper box)			Oth	er (Please expla	in)				
New Well	Change in Tra								
Recompletion \square		y Gas 🖳							
Change in Operator X		ndensate							
change of operator give name and address of previous operator	Amerada Hess	Corp. P	0. 0. B	ox 591	Midlan	d, Texa	s 7970	01	
I. DESCRIPTION OF WELL	AND LEASE								
Lease Name Langlie Matt	ng 1 011122011			of Lease Lease No. Federal or Fee		ease No.			
Woolworth Unit									
ocation		_							
Unit LetterC	: <u>1780</u> Fe	et From The We	stLine	and86	<u>0</u> Fe	et From The	North	Line	
Section 27 Townshi	p 24S Ra	inge 37E	, N	иРМ,	Le	·a		County	
II. DESIGNATION OF TRAN	SPORTER OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)								
Shell Pipeline Company						, Texas <u>77001</u>			
Name of Authorized Transporter of Casin		Dry Gas	1			copy of this for			
El Paso Natural Ga	s Company		Box 1	384 - E	1 Pasc	, Texas 79948			
If well produces oil or liquids,	Unit Sec. Tv	vp. Rge.	Is gas actuall	y connected?	When	?	?		
ive location of tanks.	i I 28 2	4S 37E	Yes						
f this production is commingled with that V. COMPLETION DATA			ing order num	per:					
Designate Type of Completion	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Pr	 od.	Total Depth	l		P.B. T.D.		_	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing	Shoe		
			OF LEVE	NG DECOR	D				
	,	ASING AND	CEMENTI		ט		10K0 0E11		
HOLE SIZE	CASING & TUBI	NG SIZE	· · · · · · · · · · · · · · · · · · ·	DEPTH SET		SA	ACKS CEM	ENI	
			<u>:</u>						
			<u> </u>			ļ			
						-			
			!						
V. TEST DATA AND REQUE				. "					
	recovery of total volume of	load oil and must		exceed top allow, pr			i juli 24 noi	w 3. <i>j</i>	
Date First New Oil Run To Tank	Date of Test		Producing M	eunoa (riow, pi	ump, gas tift,	eic.)			
I de CT.	T. L. D.		Casing Pressure			Choke Size			
Length of Test Tubing Pressure			Casing Press	uic		i chore size			
	ual Prod. During Test Oil - Bbls.		Water Div			Gas- MCF			
Actual Prod. During Test			Water - Bbls.			Gas- IVICI			
CACHEL	!		<u>:</u>		 				
GAS WELL	Lanoth of Tast		Phile Condensate MMCE			Gravity of Condensate			
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF			Gravity of Collocusate			
Table Made A Company	Tubing Pressure (Shut-in)		Casing Pressure (Shut in)			Choke Size			
Testing Method (pitot, back pr.)	luoing Pressure (Shut-in	Casing Pressure (Shut-in)			GIORE SILE				
VI. OPERATOR CERTIFIC	CATE OF COMPI	IANCE							
I hereby certify that the rules and regu			-	OIL COI	1SERV	'ATION [DIVISIO	NC	
Division have been complied with and									
is true and complete to the best of my	2		D=:	. A					
	/) _		Date	e Approve	ea <u> </u>	·			
Karll V	en e		[]				a state a		
Signature Signature	·		∥ By_		:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	su (utility) u		
Lowell S. Dunn II	Vice P	resident		-		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ž		
Printed Name	Т	itle	Title	`					
6/5/91		821-8300		·					
Date	Teleph	one No.							

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