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

State of New Mexico y, Minerals and Natural Resources Departme

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TO T	RANSPO	RT OIL	AND NA	TURAL G	AS			
Operator Betwell Oil &	Wel			30-025-11247					
Address P. O. Box 2577			ida 3	33012					<u>'</u>
P. O. Box 2577 Hialeah, Florida 33012 Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Operator Casinghead Gas Condensate									
If change of operator give name	merada He			n Ro	v 591 N	Midland	1 Teva	as 7970	11
, , ,		35 (01)	р. г.	. 0. 00	X 331 F	TIGIAN	, 1670	13 / 3/ 0	1
II. DESCRIPTION OF WELL AND LEASE Lease Name Langlie Mattix Well No. Pool Name, Including Formation Kind of Lease Lease No.									
Woolworth Unit				Federal or Fe	ı				
Unit Letter 1980 Feet From The South Line and 660 Feet From The West Line									
Section 27 Township 24S Range 37E , NMPM, Lea County									County
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)									
Injection Well									
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sen								ent)	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs		Rge.	is gas actually connected? Wh			en ?		
If this production is commingled with that IV. COMPLETION DATA	from any other lease	or pool, give o	commingli	ng order numb	per:				
Designate Type of Completion	- (X)	ell Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
ate Spudded Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	KB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe		
	TURING	CASINO	AND	CEMENTIN	IC DECOR	<u> </u>			
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
									
V. TEST DATA AND REQUES	T FOR ALLOY	VARIE							
OIL WELL (Test must be after re			and must	be equal to or	exceed top allo	owable for this	depth or be j	for full 24 hou	urs.)
DIL 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	<u>i. </u>		1				<u> </u>		
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION					
is true and complete to the best of my knowledge and belief.				Date Approved					
Signature Signature									
Lowell S. Dunn II Vice President Printed Name				By STATOM					
6/5/91 (305) 821-8300 Date Telephone No.								<u>.</u>	
				L					

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