Submit 5 Copies
Appropriate District Office
DISTRICT I
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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION I. TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30-025-11258 Betwell Oil & Gas Company Ρ. Hialeah, Florida 33012 0. Box 2577 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Dry Gas Recompletion Change in Operator Casinghead Gas X Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Langlie Mattix Well No. Pool Name, Including Formation Kind of Lease Lease No. Langlie Mattix SR-QN-GB State, Federal or Fee Woolworth Unit 708 Location 660 Feet From The North Line and 990 East Unit Letter Feet From The _ 37E , NMPM, 245 Lea 27 Township Range County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Shell Pipeline Company Box 2648 - Houston, Texas 77001 X Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Janocke. Sid Richardson Carrent 201 Main - Ft. Worth, Texas 76102 If well produces oil or liquids, Unit Sec. Rge. Is gas actually connected? When? give location of tanks. 28 249 37E Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation **Tubing Depth** Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD **HOLE SIZE** CASING & TUBING SIZE SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL 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 Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test Casing Pressure Choke Size **Tubing Pressure** Gas- MCF Actual Prod. During Test Water - Bbls. Oil - Bbls **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate 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 FEB 1 0 1993 is true and complete to the best of my knowledge and belief. Date Approved _ Soulles & By CROS - A WHOME BY JUNEY SEXTON Signature Lowell S. ΙI Vice President Dunn BOTHER LUPERVISOR

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

Printed Name

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

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

(305) 821-8300

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.