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, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		Santa	i re, new M	exico 6/30	J 4- 2000					
I.			ALLOWAE							
Operator		O THAN	SPORT OIL	AND NA	TURAL GA		API No.			
Betwell Oil & G				30-025-11261						
P. O. Box 2577	Hiale	ah. Fl	orida 33	R012						
Reason(s) for Filing (Check proper box)	111416	<u>uii, i i i</u>	01144 50		et (Please expla	iin)				
New Well		Change in Tra	insporter of:							
Recompletion	Oil	☐ D₁	y Gas 🗀							
Change in Operator	Casinghead	Gas 🛭 Co	ondensate							
If change of operator give name and address of previous operator										
IL DESCRIPTION OF WELL										
Lease Name Langlie Matt Woolworth Unit	1 X	1	ol Name, includi	-	SD ON C	1	of Lease Federal or Fe		ease No.	
Location		304 L	anglie M	Tallix .	3K-UN-G	<u>D</u>] ,				
Unit LetterI	: 19	80 Fe	et From The	South Lim	e and66	<u>0</u> Fe	et From The	East	Line	
Section 28 Township	2	45 R	inge 37	'E , N	мрм,	L	e a		County	
III. DESIGNATION OF TRAN										
Name of Authorized Transporter of Oil	I X I	or Condensate	· 🗀	1	e address to wh				•	
Shell Pipeline Company Box 2648 - Houston, Texas Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is								as //U	01	
Sid Richardson		Address (Give address to which approved copy of this form is to be sent) 201 Main - Ft. Worth, Texas 76102								
If well produces oil or liquids,		Sec. Tv	p. Ree.	is gas actually		When		<u> </u>	0102	
give location of tanks.	I		4S 37E	Yes		i				
If this production is commingled with that f IV. COMPLETION DATA	rom any other	r lease or poo	l, give commingl	ing order numk	per:				<u> </u>	
Designate Type of Completion	~	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
		l. Ready to Pro	×t.	Total Depth			P.B.T.D.	<u> </u>	1 .	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			ntion	Top Oil/Gas Pay			Tubing Depth			
Perforations				Depth Casing Shoe						
TUBING, CASING AND CEMENTING RECORD										
HOLE SIZE	CAS	ING & TUBIN	IG SIZE	DEPTH SET			SACKS CEMENT			
										
V. TEST DATA AND REQUES OIL WELL (Test must be after re				he equal to se	exceed top allow	unhla for this	dowle on he f	for full 24 hours	1	
Date First New Oil Run To Tank	Date of Test				thod (Flow, pur			or j.e. 24 100	<u>•-/</u>	
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
GAS WELL						· · ·				
Actual Prod. Test - MCF/D	Length of To	est		Bbls. Condens	mic/MMCF		Gravity of C	ondensate		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFICA	ATE OF	COMPLI	ANCE	_	:					
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION					
Division have been complied with and the				ברם 1	0 1002					
is true and complete to the best of my knowledge and belief.				Date Approved FEB 1 0 1993						
- Sowellsh =										
Signature Lowell S. Dunn II Vice President				By DWGNAL MONNO BY JEPRY SEXTON ENSTREET I SUPPRY SOR						
· · · · · · · · · · · · · · · · · · ·			_	1.1						

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

Printed Name 1-12-93

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.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

Title 821-8300

Telephone No.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

(305)