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

State of New Mexico nergy, Minerals and Natural Resources Depar-

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

DISTRICT II P.O. Drawer DD, Antesia, 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

l.		IOIRAI	NOPC		. ANU NA I	UNAL GA					
Operator								Well API No. 30-025-11329			
Betwell Oil & Address			.5	0-025-11/21							
P. O. Box 2577	Hial	eah, F	lor	ida 3	3012						
Reason(s) for Filing (Check proper box)	,				Othe	r (Please expla	in)				
New Well		Change in 7	•								
Recompletion	Oil	_	Dry Gas								
If change of operator give name	Casinghea		Condens								
and address of previous operator			Co.	rp. P	. 0. Bo	x 591	qidlan	d, Texa	s 7970	11	
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including							Vind (Kind of Lease		ease No.	
Langlie Matt	4 4 -			te, Federal or Fee							
Unit Letter H	_ ;1	980	Feel Fro	m The _N	orth Line	and 66	0 Fe	et From The _	East	Line	
Section 33 Townsh	E , NMPM, Le			ea County							
III. DESIGNATION OF TRAN	SPORTE	R OF OI	L ANI	NATU:	RAL GAS						
Name of Authorized Transporter of Oil		or Condens				address to wh	ich approved	copy of this fe	orm is to be se	nt)	
Injection Well Name of Authorized Transporter of Casir	Address (Give address to which approved copy of this form is to be sent)										
If well produces oil or liquids,						Is gas actually connected? When ?					
give location of tanks. If this production is commingled with that	from any oth	or lease or p	ool mive	comminal	ing order numb	ar:					
IV. COMPLETION DATA	Hom any our	er rease or p	ooi, give	Continue	ang order name						
Designate Type of Completion	- (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		Date Compl. Ready to Prod.				Total Depth			Р.В Г.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casin	Depth Casing Shoe		
								·			
TUBING, CASING AND					CEMENTI	NG RECOR	D		···		
HOLE SIZE	CAS	SING & TU	BING S	IZE	DEPTH SET			SACKS CEMENT			
		+									
V. TEST DATA AND REQUE				7 4					for full 24 hou	uro.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Te		of load o	u and musi	· · · · · · · · · · · · · · · · · · ·	exceed top allow, pu			јог јин 24 пон	us.)	
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test Oil - Bbls.					Water - Bbls.			Gas- MCF			
CACWELL				<u>.</u>	<u>:</u>						
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conden	sate/MMCF		Gravity of (Condensate		
								·			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	CATE OF	COMP	LIAN	CE							
I hereby certify that the rules and regu						DIL CON	1SERV	ATION	DIVISIO	NC	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					JUN 2 0 1991						
F	//				∥ Date	Approve	ed	~ · · · ·			
New Munit					Du	By ORIGINAL SIGNED ST JERRY SECTON DISTRICT I SUPERVISOR					
Signature Lowell S. Dunn II		Vice H	- 	dont	By_	D	ISTRICT	SUPERVISO	OR.		
Printed Name			Title		Title			_			
6/5/91 Date		(305)	821– phone N						- 0		
		1 616.	pirone N	⊷.	11						

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

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