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

State of New Mexico ergy, Minerals and Natural Resources Depar.

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

DISTRICT II P.O. Drawer DD, Anesia, 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

One-to-		IO IHA	NSPORT	JIL AND NA	TURAL GA					
Operator Betwell Oil & Gas Company					Well			API No. 30-025-/1343		
Address							JU-02	3 //3	<del>4</del> 2	
P. O. Box 2577 Reason(s) for Filing (Check proper box)	<u>Hial</u>	eah.	<u>Florida</u>		(D)	. ,				
New Well		Change in '	Transporter of:		ner (Please explo	in)				
New Well Change in Transporter of:  Recompletion Dry Gas										
Change in Operator	Casinghead	_	Condensate	7						
If change of operator give name and address of previous operator	Amera	da He	ss Corp	. P. O.	Box 59	1 Midl	and, T	exas 7	9701	
II. DESCRIPTION OF WELL Lease Name Langlie Matt	AND LEA	SE								
Woolworth Unit	luding Formation				of Lease No. Federal or Fee					
Location		121	Langin	e Mattix	ALYN G!	)	<u> </u>			
Unit LetterH	: 198	0	Feet From The	North Lin	ne and <u>66</u>	0 F	eet From The	East	Line	
Section 34 Townsh	ip 24S		Range 3	7 E , N	мрм,	Lea			County	
III. DESIGNATION OF TRAIN Name of Authorized Transporter of Oil					In	ecti	in W	ell		
·	Y	or Condens	ate		ve address to wh					
Shell Pipeline Company  Name of Authorized Transporter of Casinghead Gas X or Dry Gas					648 - H	<u>oustor</u>	, Texa	, Texas 77001		
	_						copy of this form is to be sent)			
If well produces oil or liquids,	Unit Sec. Twp. Rge			BUX 1	Box 1384 - El Paso  Is gas actually connected?   When			1 Lexas 79948		
give location of tanks.	I		245   37		-	i when	ı :			
If this production is commingled with that	from any other					L				
IV. COMPLETION DATA			<del></del>							
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded Date Compl. Ready to Prod.			Prod.	Total Depth	Total Depth			P.B.1 D.		
Elevations (DF, RKB, RT, GR, etc.)	etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing Shoe		
								-		
TUBING, CASING AND					NG RECOR	D				
HOLE SIZE	ING & TUE	BING SIZE		DEPTH SET			SACKS CEMENT			
							<del></del>			
V. TEST DATA AND REQUE										
OIL WELL (Test must be after	recovery of tol	al volume o	f load oil and m	ust be equal to o	exceed top allo	wable for the	is depth or be f	or full 24 how	rs.)	
Date First New Oil Run To Tank	Date of Test			Producing M	ethod (Flow, pu	mp, gas lift,	etc.)		,	
Length of Test	Tubin D			Code Do			[C] C:	Choke Size		
201641 01 700	Tubing Pressure			Casing Press	ure		Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls	Water - Bbis.			Gas- MCF		
GAS WELL							J			
Actual Prod. Test - MCF/D	ual Prod. Test - MCF/D Length of Test						Gravity of C	Gravity of Condensate		
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Press	ure (Shut-in)		Choke Size	Choke Size		
VI. OPERATOR CERTIFIC	CATE OF	COMPI	JANCE				1			
I hereby certify that the rules and regu	lations of the C	Dil Conserva	tion		DIL CON	SERV	ATION I	DIVISIO	N	
Division have been complied with and that the information given above							Min 2   Page 1			
is true and complete to the best of my knowledge and belief.				Date	Date Approved					
Someld I Some					F F . 5 . 5 .					
Signature Signature					By ORIGINAL SIGNED BY JERRY SEXTON					
Lowell S. Dunn II	Lowell S. Dunn II Vice President				DISTRICT I SUPERVISING					
Printed Name 6/5/91		,	Fitle 821–8300	Title		- ••				
Date			021-0300 none No.							
		i cicDi	TORE INC.	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.

