Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico nergy, Minerals and Natural Resources Depart

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

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWARI F AND ALITHORIZATION

Ī.			ALLOVAI							
I. TO TRANSPORT OIL					TUNAL GA	Well	API No.			
Betwell Oil & G		30-02				1350				
Address						<u> </u>				
P. O. Box 2577	<u>Hiale</u>	eah, F	lorida 3		·					
Reason(s) for Filing (Check proper box) New Well		Characa in To		j Oth	ner (Please expla	iin)				
Recompletion	Oil	Change in Tr	ry Gas							
Change in Operator	Casinghead		ondensate							
If change of operator give name			Conn D	Ο Β	ov E01 1	M 2 J 7	J T	7070	· · · · · · · · · · · · · · · · · · ·	
			Corp. P	<u>. U. B</u>	0X 591	Midian	a, lexa	s /9/L	ļ <u>ļ</u>	
II. DESCRIPTION OF WELL										
Lease Name Langlie Matt	Mattix Well No. Pool Name, Inclu						f Lease No. Federal or Fee		ase No.	
Woolworth Unit Location	L	12/	Langile	<u> Matti</u>	X AX-UU	5D 1				
Unit LetterA	. 66	50 F	eet From The N	orth in	and 61	60 E2	et From The	East	Line	
Jan 25.03.			carroni file <u>11</u>	<u> </u>	c and	. 10	et Hom The		,Eme	
Section 34 Township 24S Range 3				E , NMPM, Lea			County			
III DECICNATION OF TO AN	CDADTE	OF OH	AND NATED	D.I. G.G						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Condensat			ve address to wh	uch approved	copy of this for	m is to be se	ent)	
Shell Pipeline Com	Box 2648 - Houston, Texas 77001									
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of Casinghead Gas X or Dry Gas El Paso Natural Gas Company				Box 1384 - El Paso, Texas 799					3	
If well produces oil or liquids, give location of tanks.	Unit	_		1	ly connected?	When	?			
If this production is commingled with that	from any other		24SL 37E		es	<u> </u>				
IV. COMPLETION DATA	noni any ouie	er rease or poo	oi, give continuingi	ing order num	lber:					
		Oil Well	Gas Weil	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion		<u> </u>	Ĺ	j	<u>į</u>	İ	ii		<u>i</u>	
Date Spudded	Date Comp	I. Ready to Pr	rod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	me of Producing Formation			Top Oil/Gas Pay			Taking Doub		
Traine of Froducing Formation				1.0p 0.12 0 2 5	,		Tubing Depth			
Perforations							Depth Casing Shoe			
				.=, ., .						
1101 = 0.17	CEMENTI	NG RECOR	D							
HOLE SIZE CASING & TUBING SIZ			NG SIZE	DEPTH SET			SACKS CEMENT			
		•								
V. TEST DATA AND REQUES OIL WELL Test must be after r										
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Tes		load oil and must		r exceed top allo lethod (Flow, pu			r full 24 hou	rs.)	
	Date of Tes	•		r roducing iv	iculou (1 low, pu	rup, gas iyi, i	<i>)</i>			
Length of Test	gth of Test Tubing Pressure			Casing Press	ure		Choke Size	Choke Size		
Actual Prod. During Test	During Test Oil - Bbls.			Water - Bbls.			Gas- MCF			
	<u> </u>						1			
GAS WELL Actual Prod. Test - MCF/D	11			Thr:	20105	<u> </u>				
Actual Flot. Test - WICE/D	Length of Test			Bbis. Condensate/MMCF			Gravity of Co	Gravity of Condensate		
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
	į									
VI. OPERATOR CERTIFIC	ATE OF	COMPL	IANCE							
I hereby certify that the rules and regul	ations of the	Oil Conservat	ion		OIL CON	ISERV	ATION D	PIVISIC	N	
Division have been complied with and is true and complete to the best of my l	that the information	mation given	above			Ą		1		
does and complete to the best of thy l	MOWIEUge all	a vener.		Date	e Approve	d	/ W			
Sandil	Gar.	7			Anian	A1 c				
Signature	_ 			∥ By_	URIUN	al signe	BY JERRY	SEXTON		
Lowell S. Dunn II			resident		.1	⊌ræik . } (12		
Printed Name 6/5/91		(305) 8	itle 321–8300	Title						
Date		Talanh	ana Nia	TI .						

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.

JUN 13 1991

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