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

State of New Mexico .iergy, Minerals and Natural Resources Depan...

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 Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I	T	<u>O TRAN</u>	ISPORT OIL	AND NAT	TURAL GA					
Operator Betwell Oil &				API No. 30-02	BO-025-11353					
Address P. O. Box 2577		······································	lorida 3	3012		··				
Reason(s) for Filing (Check proper box)					r (Please expl	ain)				
New Well	(Change in Tr	ansporter of:		- (,				
Recompletion	Oil		ry Gas							
Change in Operator	Casinghead		ondensate							
f change of operator give name	··- -		Corp. P.	O Box	591 M	lidlan	d Tava	s 79701	 I	
			<u>001 p. 1.</u>	0. DOX	331 1	i i u i u ii	u, icxu.	<u>, , , , , , , , , , , , , , , , , , , </u>		
II. DESCRIPTION OF WELL	· , ·		ool Name, Includi	F		V:	l of Lease	1.	ease No.	
Lease Name Langlie Matt Woolworth Unit Location	Mattix	SR-QN-		e, Federal or Fee	. 2000					
Unit LetterG	: 1980) F	eet From The N	orth Line	and198	101	Feet From The _	East	Line	
Section 34 Townsh	ip 24	S R	ange 37	E , NM	1PM,	Le	a		County	
II. DESIGNATION OF TRAN									<u> </u>	
Name of Authorized Transporter of Oil	X	or Condensat	ie	Address (Give	address to w	hich approve	d copy of this fo	orm is to be se	nt)	
Shell Pipeline Com	Shell Pipeline Company				Box 2648 - Houston, Texas 77001					
Name of Authorized Transporter of Casir	X or	r Dry Gas				d copy of this fo				
El Paso Natural Ga		Box 1384 - El Paso, Texas 79948								
If well produces oil or liquids,	. "		wp. Rge.	Is gas actually		Whe				
give location of tanks.	iti	•				i				
If this production is commingled with that	fmm any other			Yes						
V. COMPLETION DATA	nom any outer	race or po	or, give containing	ing order nume	CI.					
Designate Time of Completion		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u> </u>	_l	Total		<u> </u>	<u> </u>	l	1	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas F	Pay		Tubing Dep	Tubing Depth		
Perforations							Depth Casin	Depth Casing Shoe		
	T	JBING, C	ASING AND	CEMENTIN	NG RECOR	RD				
HOLE SIZE	CAS	ING & TUB	ING SIZE		DEPTH SET			SACKS CEMENT		
	i						-			
		-								
V. TEST DATA AND REQUE	ST FOR A	LLOWAI	BLE			-				
OIL WELL (Test must be after	recovery of tou	al volume of	load oil and must	t be equal to or	exceed top all	lowable for i	his depth or be	for full 24 hou	urs.)	
Date First New Oil Run To Tank	Date of Test			Producing Me	ethod (Flow, p	ump, gas lifi	, etc.)			
Length of Test	Tubing Pressure			Casing Pressu	ıre		Choke Size	Choke Size		
-										
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF	Gas- MCF		
GAS WELL										
Actual Prod. Test - MCF/D	Length of To	est		Bbls. Conden	sate/MMCF		Gravity of 0	Condensate		
Testing Method (pitot, back pr)	Tubing Pres	sure (Shut-ir	1)	Casing Press.	re (Shut-in)		Choke Size	Choke Size		
VI ODED ATOD CEDTER		COLET	TANCE	1						
VI. OPERATOR CERTIFIC						(ICED)	VATION	חועופונ)NI	
I hereby certify that the rules and reg						AOLU,	ATION	אפואום	ノハ	
Division have been complied with and			above					: -		
is true and complete to the best of my	knowledge and	u benet.		Date	Approve	ed	·			
1 111	1 7				1.1E - 1.					
Davilly,	Will.			D	e i etc	g - 1, - 1 = 1	ng nito si Ban i n mak	or with the same		
Signature				∥ By_	<u> </u>	region of the state of the stat	9 (A) MERT	1		
Lowell S. Dunn II Printed Name			resident_				• • •			
6/5/91		(305)	Fitte 821–8300	Title						
Date			none No.							

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.