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

## State of New Mexico Minerals and Natural Resources Departmen

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

## OIL CONSERVATION DIVISION DISTRICT II

P.O. Drawer DD, Artesia, NIA 88210

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III				
1000 Rio Brazos	Rd.	Aziec.	NM	87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		TO TR	<u>ANSP</u>	ORT C	IL AND N	ATURAL C	SAS						
Betwell Oil &	Cag Com	T Wa						Well	eil API No.				
Address	Gas Colli	is Company						30	30-025- 11403				
PO Box 2577, F	lialeah,	Flori	lda	3301	2								
Reason(s) for Filing (Check proper	box)					her (Please exp	olain)			<del></del>			-
New Well		Change in	п Тпалеро		_								
Recompletion	Oil Conton		Dry Gar		F	ffecti	70.	12_	-1-02				
change of operator give name		ead Gas	Conden	mic [			· · ·	12-	1-92				
nd address of previous operator _	Chevro	n USA		·									_
I. DESCRIPTION OF WI	ELL AND LE	EASE											_
ease Name	Unit	Unit   Well No.   Pool Name, Including Formation   V						Kind	Kind of Lease Leas			70	$\neg$
Stuart Langlie	<u>Mattix</u>	101	Lan	glie	Mattix	(Queer	<u>1) (</u>		Federal or Fe	:e			1
	2	2.0			1							<del></del>	7
Unit Letter D	: <u>_</u>	30	Feet Fro	on The 🔼	DORTH Lie	ne and <u> </u>	0	Fe	et From The	WE.	57	Line	
Section 2 To	waship 259	5	Range	37E	. N	MPM, I	ea				•		
I DESIGNATION OF TH							<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>					unty	لـ
I. DESIGNATION OF TI	KANSPORTI	or Conden	IL AND	NATU	JRAL GAS								_
TEXAS NEW MEXICO PI	PELINE CO				P.O.Box	ne address to w 60028,	San i	Xroved ∆nge	copy of this p	form is to b	ne sent)		
anie of Authorized Transporter of (	Casinghead Gas	X	or Dry C	ias 🗀	Address (Gir	e address to w	hich app	roved	conv of this	form in to b	0020		4
SID RICHARDSON CAR					LST CII	A BANK I	OWER	, 20	MAIN,	FORT	WORTH	ΙΤΧ	761
well produces oil or liquids, we location of tanks.	Unit	Sec.	Twp.	Rge	.   Is gas actual!	y connected?	1	When	7				7
this production is commingled with	that from any oil	her lease or i	mod give	commine	<u>Yes</u>					··			
. COMPLETION DATA			pool, gave	COLUMNIA	hing order min	oer:							_
Designate Type of Complete	i 00	Oil Well	Ga	s Well	New Well	Workover	Deep	nen l	Plug Back	Came Pas	'u bir	D	٦
Designate Type of Complete		<u> </u>			<u> </u>		j,		1 10g Dack	logue ver	'v  Diff	Kesv	
an operator	Date Com	pl. Ready to	Prod.		Total Depth				P.B.T.D.		!		1
evations (DF, RKB, RT, GR, etc.)	Name of P	roducing Fo	mation		Top Oil/Gas	Dav .							
						-,			Tubing Dep	th		_	]
riorations					<u> </u>				Depth Casin	g Shoe			-
	·····	TIPDIG.	G ( 60 )							•			
HOLE SIZE	CA	SING & TU	CASING SIZ	J AND	CEMENTIN		<u>D</u>						1
		om da 10	DING SIZ	<u>. E</u>	<del> </del>	DEPTH SET	<del></del>			ACKS CE	MENT		]
													1
		····								<del></del>			}
TEST DATA AND REQU	JEST FOR A	LLOWA	RLE										
L WELL (Test mus! be aft	er recovery of to	tal volume o	f load oil	and must	be equal to or	exceed ton allo	unhle fo	- thia	dometican trad	- 6494			
e First New Oil Run To Tank	Date of Tes	1			Producing Me	thod (Flow, pu	np, gas i	lift, etc	.)	or juli 24 h.	our:.)		1
igth of Teg						- 1 T			•				
igui or Tex	lubing Pres	Tubing Pressure			Casing Pressure				Choke Size				l
ual Prod. During Test	Oil - Bbls.	<del></del>		·	Water - Bbia				Gas- MCF				
									GAS- MCF				
AS WELL					<del></del>			L					
ual Prod. Test - MCF/D	Length of T	est			Bbls. Condens	ie/MMCF			Gravity of Co	mdenesie.			ı
										MOCHANIE			
ng Method (pitot, back pr.)	Tubing Pres	eure (Shut-in	1)		Casing D	e (Shut-in)			Choke Size	<del></del>			
OPER A TOP CERTIFIC	CATEOR		• • • • • •		r								
OPERATOR CERTIFI hereby certify that the rules and re	CATE OF	COMPL	JANC)	E	٠,	IL CON	SED	١/٨٠	TION				
pivision have been complied with a	nd that the inform	nation given	above	1	ĺ (	12 0014	SEN				)N		
s true and complete to the best of m	y knowledge and	l belief.			l Date.	Approved		Ï	DEC 04	'92			
Gland.		•			Daie	JPHIO460							
ignature	rese	-			By	ORIGINAL C	iane-	1 n					
Glenn Roberson	F	rod.	Supr	<u>.                                    </u>	-,	ORIGINAL S DIST	SICT I	<u> </u>	JEBBA CE	HTCN-			
Trinted Name 11-30-92		7	ille		Title								
Date		915/52 Teleph	4-831 one No.	עע	HOR	RECO	RD	O	NET				
										MAY S	2010	0.3	

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
- 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.