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

State of New Mexico Minerals and Natural Resources Departmen

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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

Canta Fa Naw Marina 875/12000

63/61

US RICT III 1000 Rio Brazos Rd., Aztec, NM 87	410	Danta	11 C, 11CW	IATERICO 91	304-2088		<i>O</i>		/	
	REQUE	ST FOR	ALLOW	ABLE AND	OHTUA C	RIZATION	35	506.	01	
I. Operator	TC	TRANS	SPORT C	IL AND N	ATURAL (	GAS				
	Betwell Oil & Gas Company					Well API No.				
Address		<del></del>	3	0-025- <i>(</i>	11410					
PO Box 2577, H:	laleah, F]	orida	3301	2						
Reason(s) for Filing (Check proper be	ox)				ther (Please ex	plain)				
Recompletion	Ci Oil	ange in Tra	_	1						
Change in Operator	Casinghead G	<u> </u>	y Gas L ndensate	1	Effecti	ve: 12	-1-92			
If change of operator give name and address of previous operator	Chevron (		noenszte	<del></del>						
II. DESCRIPTION OF WEI					<del></del>		<del></del>	<del></del>	<del></del>	
Lease Name	Unit W	No Doe	J. Name . In also	P - 75 - 1						
Stuart Langlie N	lattix 1	06 L	anglie	ding Formation Matti	¶5K K, (Queei	Kind State	of Lease , Federal or Fee	1	Liase No.	
Location Unit LetterM	: 660				ine and _ 660	1		Wes	<del>-</del> -	
Section 2 Town	aship 25S	Ran	2 =				eet From The _	Wes	L:Li	ine
						Lea			County	
III. DESIGNATION OF TR. Name of Authorized Transporter of Oi	ANSPORTER O	OF OIL A	ND NAT	JRAL GAS		<del></del>	· · · · · · · · · · · · · · · · · · ·			
TEXAS NEW MEXICO P	Address (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of Ca	ry Gas	P.O. BOX 60028, SAN ANGELO TX 76906-0028  Address (Give address to which approved copy of this form is to be sent)								
SID RICHARDSON GARE	Unit Sec			1151 61	<u>ty</u> Bank	Tower,20	) Main, F	<u>t.</u> Worth	1 IX 76	5102
give location of tanks.	i	i	j	VOC	ny connected?	When	7		:	
If this production is commingled with the IV. COMPLETION DATA	at from any other lea	ase or pool,	give comming	ding order nun	iber:	L				
Designate Type of Completic	on - (X)	Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	,
Date Spudded	Date Compl. Re	ady to Prod.	<del></del>	Total Depth	<u> </u>	<u> </u>	P.B.T.D.	<del></del> -	_L	
Elevations (DF, RKB, RT, CR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations			···	<u> </u>		<del></del>				
							Depth Casing	Shoe		
HOLE SIZE	TUBI	NG, CAS	ING AND	CEMENTI	NG RECOR	D	<u> </u>			$\dashv$
HOLE SIZE	CASING	& TUBING	SIZE		DEPTH SET		SA	CKS CEME	INT	
			<del></del>					<del></del> -		_
							<del></del>	<del></del>		$\dashv$
. TEST DATA AND REQUI	ST FOR ALLO	WARLE								$\dashv$
IL WELL (Test must be after	recovery of total voi	lume of load	Loil and must	be equal to or	exceed ton allo	umble for this	م المسال المسال			
Date First New Oil Run To Tank	t be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)									
ength of Test	Tubing Pressure			Couls - D						
	rabing riessure			Casing Pressu	ir.		Choke Size			
ctual Prod. During Test	Oil - Bbls.			Water - Bbis			Gas- MCF			
GAS WELL		<del></del>	<u> </u>			i		<del></del>		
ctual Prod. Test - MCF/D	Length of Test			Bbls. Conde	4.ICF	<del></del>	Gravity of Cond	lensate.		
ing Method (puot, back pr.)  Tubing Pressure (Shut-in)				Called to	:		_	~u saic		
			1	Casing Fee	hut-in)		Choke Size			
I. OPERATOR CERTIFIC	ATE OF CO	MPLIAN	NCE				<del></del>			
I hereby certify that the rules and regu Division have been complied with and	lations of the Oil Co	nservation		C	IL CON	SERVA	TION DI	VISIO	N :	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.							_			
eso D	Date	Approved		DEC	0 4 '92		_			
Signature Tol	B.,	OPIGINIA	i cielien :	DV IPDDY 6	Vrot.					
Glenn Roberson	By ORIGINAL SIGNED BY JEPRY SEXTON  BISTRICT I SUPERVISOR									
Printed Name		d. Sur		Title_			··· ··· ··· ··························			
Date	<u>915</u>	/ 52 <u>4 - 8</u> Felephone N	3300		RECO	DD O	NIV.			
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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

2) All sections of this form must be filled out for allowable on new and recompleted wells.

<sup>1)</sup> Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance