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

State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II
P.O. Drawer DD, Artenia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

| I. | REC | UEST F | OR. | ALL | OWA | BLE AND | AUTHOF | RIZATION | l | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------|--------------------|---------------------------|------------------------------------|-----------------|------------------|-----------------------------------------|----------------------------------------|---------------|--|--|
| Operator TO THANGE OF TO | | | | | | | TUHAL | SAS Wa | AS Well API No. | | | | |
| Betwell Oil & Gas Company | | | | | | | | | 30-025-11412 | | | | |
| Address PO Box 2577. His | loob | Flow | ء. | 2 | 2011 | | | | <u> </u> | | <u></u> | | |
| PO Box 2577, Hia | ilean, | FIOF | ua | 3 | 3012 | | her (Please exp | olais) | | | | | |
| New Well | | Change i | Tran | sporter | r of: | v. | ine (1 isms ext | outin) | | | | | |
| Recompletion | Oil | | Dry | | | F | ffecti | ve: 12 | _1_02 | | | | |
| If change of operator give name | | ad Gas | Cond | densate | <u>. L</u> | | | | -1-92 | | | | |
| and address of previous operator | Chevro | n USA | ш. | | | | | | | | | | |
| II. DESCRIPTION OF WELL | LAND LE Unit | Well No. | | | | | | | | | | | |
| Stuart Langlie Ma | ing Formation Kind of Lease Lease No. Mattix (Queen) State, Federal or Fee | | | | | Lease No. | | | | | | | |
| Location | CCIA | 104 | 1 710 | iliq. | TIG | Mattix | (Queer | n) :- (- | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| Unit Letter K | <u>. 198</u> | 0 | _ Feet | From ' | The S | outh Li | ne and19 | 80 . | eet From The | West | Line | | |
| Section 2 Towns | nip 25S | ; | Rang | | 3.7E | 1 | nome T | | | | | | |
| | | | | | | | MPM, I | Lea | | . | County | | |
| III. DESIGNATION OF TRAIN Name of Authorized Transporter of Oil | NSPORTE | or Conde | | ND I | UTAN | | | | | | · | | |
| INJECTOR : | Address (Give address to which approved copy of this form is to be sent) | | | | | | | | | | | | |
| Name of Authorized Tripsporter of Casi | | Address (Give address to which approved copy of this form is to be sent) | | | | | | | | | | | |
| f well produces oil or liquids, Unit Sec. Twn. R. | | | | | B | | | | | | | | |
| give location of tanks. | | | | | | Is gas actually connected? When ? | | | | | | | |
| If this production is commingled with that | from any oth | ner lease or | pool, g | ive co | mmingl | ing order num | ber: | | | | | | |
| IV. COMPLETION DATA | | Oil Well | - | Gas \ | W-11 | Non Wall | T.W. 1 | <u> </u> | γ | ······································ | | | |
| Designate Type of Completion | - (X) | | - | Gas v | LA CIT | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | | |
| Date Spudded | Date Com | pl. Ready to | Prod. | | | Total Depth. | | -1 | P.B.T.D. | I | | | |
| Elevations (DF. RKB, RT, GR, etc.) Name of Producing Formation | | | | | | Top Oil/Gas | Pay | | Tubing Desi | | | | |
| Perforations | | | | | | | | | I doing Depi | Tubing Depth | | | |
| remorations | | | | | | | | - | Depth Casin | g Shoe | | | |
| | <u>7</u> | UBING, | CAS | ING . | AND | CEMENTI | NG RECOR | ID. | <u> </u> | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | | | | DEPTH SET SACKS CEMENT | | | | | | | |
| | | | | | | | | | | | | | |
| | + | | | | | | | | | | | | |
| TECT DATA AND DECLE | CO COD A | 11000 | NI E | | | | | | | | | | |
| IL WELL (Test must be after to | | | | | d must | be equal to or | exceed ton all | mushle for thi | e death ar he f | he full 24 ha | re) | | |
| Date First New Oil Run To Tank | Date of Tes | | | | | Producing Mo | thod (Flow, pu | emp, gas lift, e | tic.) | or just 24 7.00. | | | |
| ength of Test | Tubing Des | | | | | Casing Pressu | | | Choke Size | | | | |
| | Tubing Pressure | | | | Casing 1 1000 | | | Caloke Size | Carone Size | | | | |
| Actual Prod. During Test | Oil - Bbls. | | | | Water - Bbla. | | | Gas- MCF | | | | | |
| 0 . 0 MIDLY | | | <u> </u> | | l | | | | | | | | |
| GAS WELL Actual Prod. Test - MCE/D | Length of | Test . | | | 1 | Bbls. Conden | tate/MMCF | | Gravity of C | | - | | |
| | | | | | | Doil Codoci | | | Glavity of C | or concession | | | |
| esting Method 'pitot, back pr.) | Tubing Pressure (Shut-in) | | | | Casing Pressure (Shut-in) | | | Choke Size | | | | | |
| T ODED , MOD ORDANIA | 1 | 601 m | | | | | | | | | | | |
| /I. OPERATOR CERTIFIC | | | | NCE | . | | DIL CON | ISERV | ATION E | DIVISIO | NC | | |
| I hereby cert.fy that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above | | | | | | | | | | | | | |
| is true and complete to the best of my | cnowledge an | d belief. | | | | Date | Approve | d | <u>UEU</u> | 0 4 '92 | · | | |
| Slenn Robers | | | | | | By ORIGINAL SIGNED BY JERRY SEXTON | | | | | | | |
| Signature Glenn Roberson Prod. Supr. | | | | | | By_ | BIS | TRICT I SU | PERVISOR | | | | |
| Printed Name | | | Title | | _ | Title. | | | | | | | |
| 11-30-92 Date | ····· | 915/5: Teler | 24- | 830 % o. | 0 | "" | | | | | | | |
| | | *> | | | | | | | | | | | |

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 cut 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.