Submit 5 Copies
Appropriate District Office
DISTRICT State of New Mexico hergy, No wals and Natural Resources Department Form C-104 Revised 1-1-89 P.O. Box 1980, Hobbs, NM 88240 See Instructions at Bottom of Page OIL CU **?VATION DIVISION** DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Box 2088 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 Santa Mexico 87504-2088 REQUEST FOR BLE AND AUTHORIZATION TO TRANS IL AND NATURAL GAS Operator Well API No Betwell Oil & Gas Company Address <u>30-025-</u> 11519 PO Box 2577, Hialeah, Florida 33012 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Dry Gas Effective: 12-1-92 Change in Operator **KX** Casinghead Gas Condensate If change of operator give name and address of previous operator Chevron USA II. DESCRIPTION OF WELL AND LEASE Lease Name Unit | Well No. | Pool Name, Including Formation S Kind of Lease Lease No. Stuart Langlie Mattix 124 Langlie Mattix (Queen)68 State, Federal of Fee Unit Letter \_\_L 2310 Feet From The South Line and Feet From The West 10 Township <u> 25</u>S Range 37E Lea , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) TEXAS NEW MEXICO PIPELINE <u>P.O. BOX 60028, S</u>AN ANGELO, TX 76<u>906-0028</u> Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas SID RICHARDSON CARBON & GASOLINE 1st CITY BANK TOWER, 201 MAIN, FT. WORTH TX 76 02 CO. If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When? give location of tanks. Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Total Depth Date Compl. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above DEC 04'92 is true and complete to the best of my knowledge and belief. Date Approved . BY ORIGINAL SIGNED BY JERRY SEXTON Signature DISTRICT I SUPERVISOR Supr. Glenn Roberson Prod. Printed Name Title Title\_

## 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.

<u>915/524-8300</u>

- 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.