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

State of New Mexico aergy, Minerals and Natural Resources Department

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

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

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DISTRICT II P.O. Drawer DD, Artesia, NM 88210	OLL	DIASEK	JU DI	VISIO	N		=(),,(motil of Lake
DISTRICT III	Sar	nta Fe, No	3 8 8 75 04-2	2088				
1000 Rio Brazos Rd., Aztec, NM 87410 I.	REQUEST FO	OR ALLOV	ND AUTHORIZATION					
Operator		NOFORT	NATU	HAL GA		API No.		
Betwell Oil & Ga) <u>-025-</u>	11526	
PO Box 2577, Hia Reason(s) for Filing (Check proper box)	leah, Florid	la 330 i						
New Well	Change in "	Fransporter of:	Other (P	lease expla	in)			
Recompletion		Dry Gas	7.55					
Change in Operator XX If change of operator give name		Condensate	EIIe	ective	: 12-	-1-92		
and address of previous operatorC	hevron USA							
II. DESCRIPTION OF WELL			11	. بُ م بُ	÷ 1		<u> </u>	
Stuart Langlie Ma	Unit Well No. F		g Formation Sa	~ andr		of Lease		ease No.
Location Location	ttix 111	bang.	lattix (((ueen	State,	Federal or Fe		
Unit Letter A	: <u>660</u> F	eet From The!	orth Line and	660	F	et From The	East	Line
Section 10 Townshi	p 25S R	tange 37E	, NMPM	Le	<u>a</u>			County
III. DESIGNATION OF TRAN	SPORTER OF OIL	AND NATU	IRAL GAS (1)	to L.	11/	Zuel	,"(7	
Name of Authorized Transporter of Oil-	Or Condensat	le 🗆	Address (Give add		h approved	copy of this f	orm is to be se	ent)
Name of Authorized Transporter of Caring	# 1 - 7 0 = = = >	r Dry Gas	Address (Give add					<u> </u>
			Address (Give add	ress to whic	n approved 	copy of this f	'ee - 'e ka hu ya	·n()
If well produces oil or liquids, give location of tanks.	Unit Sec. T	wp. Rge.	is gas actually cons	nected?	When	?		
If this production is commingled with that f	rom any other lease or por	ol, give comming	Yes					
IV. COMPLETION DATA			·					
Designate Type of Completion	· (X) Oil Well	Gas Well	New Well Wor	rkover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Pr	rod.	Total Depth	·		P.B.T.D.	L	<u>. I</u>
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations				 -		Depth Casing		
						Depair Casin	g Shoe	
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE							
HOLE SIZE	CASING & TUBI	NG SIZE	DEP	TH SET		SACKS CEMENT		
								
		· · · · · · · · · · · · · · · · · · ·						
V. TEST DATA AND REQUES				· · ·				
OIL WELL (Test must be after re- Date First New Oil Run To Tank	covery of total volume of le	oad oil and must	be equal to or exceed Producing Method (or full 24 hour	s.)
	Date of Year		Troubling Tribulou (. 1011, p.214	, , ,			
Length of Test	ength of Test Tubing Pressure		Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.	/ater - Bbls.		Gas- MCF		
GAS WELL								
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/M	MCF		Gravity of C	ondensate	
	Tuhing Dragging (Chur in)		Carina Processor (Churt Ia)			A -1. 8:-		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFICA	TE OF COMPLI	ANCE	0"	CONC		TION		· N. J
I hereby certify that the rules and regular Division have been complied with and the			OIL	CONS	CHVA		DIVISIO	PIN
is true and complete to the best of my kr		W076	Date App	araved		DEC	0 4 '92	
Man Robe				J. U TGU				
Signature			By ORIG	GINAL SI	GNED BY	JERRY SE	XTON	
Glenn Roberson	Prod. S					PERVISOR		
11-30-92	915/524	4-8300	Title		·			
Date	Telepho	ne 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.