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

....rgy, Minerals

Star of New Mexico 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

OIL CONSER ATION DIVISION P.(: Box 2088 Santa Fe, New Mexico 87504-2088

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

I. Operator	HEC	TO TRA	OR ALLOV INSPORT	VABLE AN OIL AND N	D AUTHO	RIZATIO	N			
Betwell Oil & Gas Company					MISHIAL	W.	ell API No.			
Mules	····		30-025-11528							
PO Box 2577, His	12					£				
Reason(s) for Filing (Check proper box, New Well	}				Other (Please e	xplain)				
Recompletion	Oil		Transporter of: Dry Gas	ר		. ,				
Change in Operator XX			_	- -	Effecti	ive: 12	2-1-92			
If change of operator give name and address or previous operator	Chevro		<u></u>						·	
II. DESCRIPTION OF WELL					<del></del>				<u>-</u>	
rease Name	Uni+		Pool Name Inc	luding Engaria	- : /)	··	·			
Stuart Langlie Mattix 114 Langlie Mattix (Queen) (Control of Lease State) Federal or Fe							ice I	Lease No.		
Unit LetterD	_: 9	90	Feet From The		•	Q a			<del></del>	
Section 10 Townsh			Range 37E				Feet From The	WES:	7Line	
				· · · · · · · · · · · · · · · · · · ·		Lea	<del></del>		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	TV T	or Condensa	AND NAT	URAL GAS	ing add	<del></del>				
TEXAS NEW MEXICO PIP	FI INE C	0.		P.0	ROX 6000	Which approve	d copy of this	form is to be se	ini)	
Name of Authorized Transporter of Casin SID RICHARDSON CARBO	P.O. BOX 60028, SAN. ANGELO, TX 76936-0028  Address (Give address to which approved copy of this form is to be sent)									
if well produces oil or liquids	Unit	_		e. Is gas actua	I I BANK	TOWER, 2	Ol MAIN.	ET WORT	ги) ГН <u>ТХ 761</u>	
ive location of tanks.	<u>i         i</u>	i	ı	37.0.0	-) comicati	When	n 7			
this production is commingled with that V. COMPLETION DATA	from any oth	er lease or poo	ol, give commin	gling order nun	nber:	<u>-</u>				
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Dist Res'v	
Date Spudded	Date Comp	l. Ready to Pr	rod.	Total Depth	<u> </u>	_L	P.B.T.D.	<u> </u>	1	
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay Tubing Depth					
erforations							Tubing Depth			
							Depth Casin	g Shoe		
	Т	UBING, CA	ASING AND	CEMENTI	NG RECOR	RD.	<u> </u>		<del></del>	
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
					<u> </u>			<del></del>		
TEST DATA AND REQUES	T FOR A	LOWARI	T C							
L WELL (Test must be after red	covery of total	d volume of lo	cad oil and mus.	l be equal to or	exceed top allo	owahle for this	denth on he Co	- 6.11.34 L		
ate 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.)									
ngth of Test	Tubing Press		· · · · · · · · · · · · · · · · · · ·	Casing Press						
	I doing Fiessure			Casing Pressure			Choke Size			
tual Prod. During Test	Oil - Bbis.			Water - Bbls.			Gus- MCF			
AS WELL			<del></del>	.l					<u> </u>	
tual Prod. Test - MCF/D	Length of Te	si .		Bbis. Condens	ate/MMCF		Gravity of Co	ndensate	<del></del>	
ting Method (puot, back pr.)  Tubing Pressure (Shut-in)				Casing Process (Chartie)						
				Casing Pressure (Shut-in)			Choke Size			
OPERATOR CERTIFICA	TE OF	COMPLIA	ANCE			CEDV4	TION		J	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION DEC 0 4 '92						
is true and complete to the best of my knowledge and belief.				Date Approved						
Glenn Rober	-				• •				<del></del>	
Signature Glenn Roberson	By ORIGINAL SIGNED BY JERRY SEXTON									
Glenn Roberson Printed Name	SUPERVISOR									
11-30-92	9	Tiue 15/524	-8300	Title_		·		<del></del>	<del></del>	
Date		Telephone	e No.	HOR	RECO	KD O	NLY	MAY	20100	

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.