Submit 5 Copies
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, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	OTRAN	ISPORT OIL	AND NA	TURAL GA		API No.			
Operator Betwell 011 & Ga	= .		22255							
Address P. O. Box 2577 Hialeah, Florida 33012										
Reason(s) for Filing (Check proper box) Other (Please explain)										
New Well		Change in Ti	nanaporter of:		or (1 least capita	,				
Recompletion	Oil		ry Gas 🔲							
Change in Operator	Casinghead	Gas 🔯 C	condensate							
If change of operator give name and address of previous operator							· - · · · · · · ·	-		
II. DESCRIPTION OF WELL	AND I FA	SE						, ,,,,,		
Lease Name Langlie Matt Woolworth Unit	ix	Well No. P	ool Name, Include	•	<u> </u>	1 1	of Lease Federal or Fee	1	ease No.	
Location		709 JL	_anglie	Mattix	SR-QN-G	B 1 3				
Unit Letter0	_ :5	60 r	eet From The	South	e and19	180 F	set From The _	East	Line	
Section 27 Township 245 Range 37F NMPM, Lea County										
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS										
Name of Authorized Transporter of Oil or Condensate Shell Pipeline Company Address (Give address to which approved copy of this form is to be sent) Box 2648 - Houston, Texas 77001										
Name of Authorized Tennessee of Carina	Box 2648 - Houston, Texas 77001 Address (Give address to which approved copy of this form is to be sent)									
Sid Richardson Carbon Hase				201 M	lain - F	t. Wor	th. Te	kas 761	102	
If well produces oil or liquids, give location of tanks.	ill produces oil or liquids, Unit Sec. Twp. Rgs. Is ga				y connected?	When				
			<u> 48 37 E</u>	Yes		L				
If this production is commingled with that if IV. COMPLETION DATA	from any other	r lease or poo	ol, give comming!	ing order num	ber:	 -				
Designate Type of Completion	· 00	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		. Ready to Pr	rod.	Total Depth	<u> </u>		P.B.T.D.		1	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas	Pav					
				Top Ob Oas	rey		Tubing Depth			
Perforations					· · · · · · · · · · · · · · · · · · ·		Depth Casing	Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD										
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET		SACKS CEMENT			
										
				<u></u>						
	<u>-</u>		 							
V. TEST DATA AND REQUES										
OIL WELL (Test must be after re Date First New Oil Run To Tank		il volume of i	oad oil and must					r full 24 kours	s.)	
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)										
Length of Test	Tubing Pressure			Casing Pressu	ure .		Choke Size			
Actual Prod. During Test	Oil - Bbis.			Water - Bbis.			Gas- MCF			
GAS WELL	·						<u></u>			
Actual Prod. Test - MCF/D	Length of Te	et		Bbis. Conden	mte/MIMCF		Gravity of Co	Gravity of Condensate		
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressu	ine (Shut-in)	<u> </u>	Choke Size			
VI. OPERATOR CERTIFICA						050)				
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				FED 1 0 1000						
1.11 2					Date Approved FEB 1 0 1993					
- Thell I d-					\ U A3444 ~ ~	6 8.088 64.	IPBO			
Signature Lowell S. Dunn II Vice President				By ORIGINA 資金的語 BY JERGY SEXTON						
Printed Name Title				THIC		tan 1 yk//.	er Versenk			
1-12-93 Date	(30		1-8300	Title						
Delic		Telepho	noe 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.

RECEIVED

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