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

State of New Mexico En , Minerals and Natural Resources Departmen 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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	•	TO TRA	NSP	ORT OI	L AND NA	TURAL G	AS				
Operator Betwell Oil & Gas Company						Well API No. 30-025 - 23257					
Address			20-025-	2323	<u> </u>						
P. 0. Box 2577	Hiale	eah, F	lor	ida 3		/D!	<del></del>				
Reason(s) for Filing (Check proper box) New Well Recompletion	Oil		Dry Ga	s 🔲	Ou	ner (Please exp	iain)				
Change in Operator X  If change of operator give name	Casinghea	d Gas	Conden	sate							
and address of previous operator	Amerad	a Hes	s_C	orp.	P. O.	Box 59	1 Midla	and, Te	xas 79	701	
II. DESCRIPTION OF WELL							1				
Lease Name Langlie Mattix  Woolworth Unit  Solution  Well No. Pool Name, Includi  Langlie						x SRQN-		of Lease No. Federal or Fee			
Unit Letter	222	20	Feet Fro	om The <u>e</u> ≾	Bouth Lin	e and	570 F	eet From The	West	Line	
Section 28 Townsh	ip 24	S	Range	37	E , N	МРМ,	Lea			County	
III. DESIGNATION OF TRAI	NSPORTE	R OF OI	L AN	D NATU							
Name of Authorized Transporter of Oil Shell Pepelen	ບ	or Condens				ve address to w					
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)										nt)	
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge. Is gas actually connected?   When?										
If this production is commingled with that IV. COMPLETION DATA	from any other	er lease or p	ool, giv	e comming	ling order num	ber:					
Designate Type of Completion	- (X)	Oil Well	G	ias Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Pay		Tubing Dept	Tubing Depth		
Perforations						Depth Casing Shoe					
	T	UBING. (	CASIN	IG AND	CEMENTI	NG RECOR	:D				
HOLE SIZE						DEPTH SET		SACKS CEMENT			
V. TEST DATA AND REQUES	ST FOR A	LLOWA	RLE						····		
OIL WELL (Test must be after r				l and must					or full 24 hour	·s.)	
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, etc.)										
Length of Test	Tubing Pressure				Casing Pressu	re		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.		,	Gas- MCF			
GAS WELL					L						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condens	sate/MMCF		Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMPI	JANG	CE							
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.					Date Approved						
Sour Il & Sum						• •				·	
Signature Lowell S. Dunn II Vice President					By ORIGINAL SIGNED BY THE STATION						
Printed Name Title							43131GF 1 :	SUPERVISO	ti		
6/5/91 Date		(305) 8 Teleph	821-8 10ne No.		Title				7.763		

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.