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

State of New Mexico y, 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

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

Santa Fe, New Mexico 87504-2088

T			R ALLOWA		_					
I. Operator) IHAN	ISPORT O	L AND NA	TURAL G		API No.			
Betwell Oil & G					0-025-25373					
Address	as comp	any				ك ا	0-023	<u> </u>	(1	
P. O. Box 2577	Hialea	h, Fl	orida 3	3012						
Reason(s) for Filing (Check proper box)	<u> </u>				er (Please expl	ain)				
New Well			ransporter of:							
Recompletion	Oil		Dry Gas							
If change of operator give name	Casinghead C		Condensate							
and address of previous operator	Amerada	Hess	Corp.	<u>P. O. B</u>	ox 591	<u>Midlan</u>	d, Texa	s 797	01	
II. DESCRIPTION OF WELL	AND LEAS	E								
Lease Name Langlie Matti	ase Name Langlie Mattix Well No. Pool Name, Includ							of Lease No.		
Woolworth Unit 9 Langlie			Mattix Stances Su			Federal of Fee				
Location	100	^		C	1.	. -				
Unit Letter	_ :133	<u>U</u> F	eet From The _	South Line	and13	55 Fe	et From The	East	Line	
Section 28 Township	p 24S	.	ange 37	F NI	ирм,	Le	а		County	
Section 7 () Township	, 243		ange 37	<u> </u>	virivi,		<u>a</u>	· · · · ·	County	
III. DESIGNATION OF TRAN										
Name of Authorized Transporter of Oil	X	Condensa	te	i			copy of this form			
Shell Pipeline Company Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Box 2648 - Houston, Texas 77001					
El Paso Natural Ga	Address (Give address to which approved copy of this form is to be sent) BOX 1384 - El Paso, Texas 79948									
If well produces oil or liquids,					Box 1384 - El Paso Is gas actually connected? When					
give location of tanks.	i i i		24S 37E	1	, connected.	1	•			
If this production is commingled with that	from any other l	ease or po	ol, give comming	gling order numb	per:					
IV. COMPLETION DATA							<u>.</u>			
Designate Type of Completion	- (X) C	Dil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded	Date Compl. F	Ready to P		Total Depth	<u> </u>		P.B.T.D.		_L	
	•	,					1.0.1.0.			
Elevations (DF, RKB, RT, GR, etc.)	Top Oil/Gas I	oay		Tubing Depth	bing Depth					
Perforations										
·							Depth Casing S	hoe		
	TI!!	RING C	ASING AND	CEMENTIN	JC PECOP					
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			CEIVIENTII	DEPTH SET			SACKS CEMENT		
					<u> </u>		GAOTO CEINEAT			
	·			· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·			
V. TEST DATA AND REQUES	TEODAL	LOWA	OL E				 			
				t he equal to or	arcaed top alle	wahla far this	danth or ha for	6.11.24 bas	a)	
Date First New Oil Run To Tank	be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)									
				,	, , , ,	r , g , . , .	,			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Bood Duning Tool										
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
CACIUDI										
GAS WELL Actual Prod. Test - MCF/D	Length of Test	,		Dhia Candan	A D (CF	 	10 : 0			
Tion Tool Meny	Deligar of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
lesung Method (puot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
	_			1						
VI. OPERATOR CERTIFIC	ATE OF C	OMPL	IANCE							
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.										
and complete to the best of my k	Date Approved									
	- Jewell Shine									
Signature	Henry			By_			2.7 5 %	ON		
Lowell S. Dunn II	<u>V</u>	ice Pr	esident		-					
Printed Name 6/5/91	(T 305) 9	itle 21-8300	Title		_				
Date			one 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