

OIL CONSERVATION DIVISION

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P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Belco Development Corporation

Address 10,000 Old Katy Rd.
Houston, Texas 77055

Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership

Change in Transporter of: Oil Casinghead Gas Dry Gas Condensate

Other (Please explain) Saltwater Disposal Well

If change of ownership give name and address of previous owner Holly Energy, Inc. 2001 Bryan Tower, Suite 2680, Dallas, Texas

1. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Brigham H</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>Loco Hills AGO Abo</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>LC029342</u>
Location Unit Letter <u>L</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u>				
Line of Section <u>21</u> Township <u>17 S</u> Range <u>30 E</u> , NMPM, <u>Eddy</u> County				

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>SWD Well</u>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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 from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> 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 Depth				
Perforations				Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u>Pack FD-2</u>
			<u>7-26-85</u>
			<u>Chg Op</u>

3. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pistol, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

4. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Bruce Tettleton
(Signature)
Production Clerk
(Title)
July 18, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 25 1985, 19__

BY Original Signed By
Les A. Clements
TITLE Supervisor District H

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiple completed wells.