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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
SUPERVISOR DISTRICT II
JUL 30 1984
O. C. D.
ARTESIA, OFFICE

Operator BelNorth Petroleum Corporation

Address 10000 Old Katy Road; Houston, Texas 77055

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of ☐
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☒	Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner HOLLY ENERGY, INC. 2600 DIAMOND SHAMROCK TWR. 717 N. HARWOOD, DALLAS, TX 75201

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
CANADIAN KENWOOD FED	1	Shugart Morrow, North	State, Federal or Fee Federal	NM-260
Location				
Unit Letter	N	660 Feet From The	South	Line and 1980 Feet From The West
Line of Section	17	Township	18S	Range 31E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)			
Navajo Refining Company	P.O. Drawer 159, Artesia, N.M.			
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)			
Conoco, Inc.	P.O. Box 2197- Houston, TX 77001			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	N	17	18	31
Is gas actually connected?	When			
No- Yes	11-16-81			

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA				
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover
				Deepen
				Plug Back
				Same Res't. Diff. Res't.
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	

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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE	OIL CONSERVATION COMMISSION
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	SEP 10 1984
	APPROVED _____, 19 _____
	Original Signed By
	BY <u>Ledie A. Clements</u>
	TITLE <u>Supervisor District II</u>

Carl M. Hansen
(Signature)
Prod. Supr.
(Title)
7-27-84
(Date)

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 deviation to be taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for division of lease well name or number, or transporter or other such change of condition.