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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

Fbrn C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator _____

Address Belco Petroleum Corporation

Reason(s) for filing (Check proper box) 2000 Wilco Building, Midland, Texas 79701

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Other <input type="checkbox"/> CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>6/1/72</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____ THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Federal "31"</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Flying "M" (San Andres)</u>	Kind of Lease <u>Federal</u>	Lease No. <u>NM-11333</u>
Location	Unit Letter <u>N</u>	Feet From The <u>West</u> Line and <u>803</u> Feet From The <u>South</u>	Line of Section <u>31</u> Township <u>9-S</u> Range <u>33-E</u> , NMPM, <u>Lea</u> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> <u>The Permian Corporation</u>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1183, Houston, Texas 77001</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> <u>None</u>	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 <u>N</u> Sec. <u>31</u> Twp. <u>9-S</u> Rge. <u>33-E</u>	Is gas actually connected? <u>NO</u> When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>3-3-72</u>	Date Compl. Ready to Prod. <u>3-28-72</u>	Total Depth <u>4310'</u>	P.B.T.D. <u>4310'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>4223' GR.</u>	Name of Producing Formation <u>San Andres</u>	Top Oil/Gas Pay <u>4176'</u>	Tubing Depth <u>4196'</u>					
Performances <u>4176'-4184', 4194'-4202', 4234'-4246' with one shut per foot</u>	TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>11"</u>	<u>8-5/8"</u>	<u>362'</u>	<u>250</u>					
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>4310'</u>	<u>200</u>					

V. 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 <u>3-20-72</u>	Date of Test <u>3-28-72</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24 Hours</u>	Tubing Pressure <u>25#</u>	Casing Pressure <u>25#</u>	Choke Size
Actual Prod. During Test <u>36</u>	Oil - Bbls.	Water - Bbls. <u>None</u>	Gas - MCF <u>17.4</u>

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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.

Glenn Cope
(Signature)
District Engineer
(Title)
April 7, 1972
(Date)

OIL CONSERVATION COMMISSION
APPROVED APR 19 1972, 19____
BY [Signature]
TITLE SUPERVISOR DISTRICT I

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 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, well name or number, or transporter, or other such change of condition.

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APR 11 1972

OIL CONSERVATION COMM.
HOBBS, N. M.