

COMPANY

Meteor Development Inc

PROPERTY NAME

Martin

WELL NO.

2

DATE

LOCATION (ULSTR)

Sec 20-22-27 N.H. F

FOOTAGE

2198 ENL 1750 FWL

API NO.

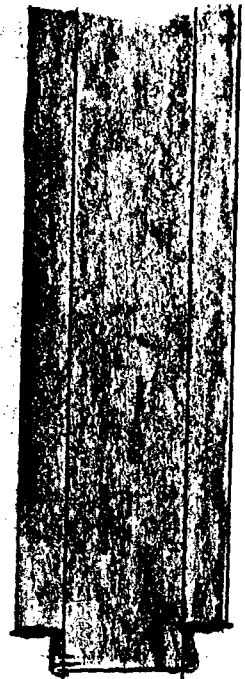
30 015 21858

POOL

S. Carlsbad Cherry Canyon

1. Spot a 40 sx plug @ 3270' WOC + tag
2. Spot a 25 sx plug @ 2075'
3. Spot a 25 sx plug @ 1300'
4. Perforate 5 1/2 @ 430'. Circulate cmt up back side of 5 1/2 csg. close csg valve + fill 5 1/2 csg to surface w/ cmt.
5. Salt-Gel shall be placed between pluggs @ 25 LB per bbl of brine.
6. Set P+A marker
7. Clean + level location.

After



8 5/8 @ 379'

1200'

TOC

2008'

Delaware

Perfs 3255'

5/2 @ 3361'

CASING RECORD:

8 5/8" @ 379' @ 11" hole 175 sx
 5 1/2" @ 3361' w/ 700 sx TOC 1200'
 Drilled a 7 7/8" hole

Top of Delaware 2008'
 Perforations 3266-70
 Tx 350
 BX 1645'

STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION
ARTESIA DISTRICT OFFICE

GARY E. JOHNSON
GOVERNOR

JENNIFER SALISBURY
CABINET SECRETARY

June 12, 1997

Meteor Development
511 16th Street, Ste 400
Denver, Co 80202

Re: Properly Abandoned Well, Meteor Development, Martin #3 and #5 in
Sec 20 T-22S R-27E, Eddy County, New Mexico

Dear Sir;

The state of New Mexico is in the process at this time of reviewing leases and determining the number of abandoned wells.

Rule 201 A. states the operator of any well drilled for oil, gas or injection, for seismic, core or other exploration, or for a service well, whether cased or uncased, shall be responsible for the plugging thereof.

Rule 201 B. states a well shall be either properly plugged and abandoned or temporarily abandoned in accordance with these rules within 90 days after (1) a 60 day period following suspension of drilling. (2) a determination that the well is no longer usable for beneficial purposes. (3) a period of one year in which a well has been continuously inactive.

House Bill 65 has been passed by the legislature and provides some tax incentives for wells put back in production. However, if there are no plans to put wells back in service then they need to be either plugged or properly temporarily abandoned.

Mr. Ray Smith wrote you on February 21, 1996 asking you to bring these wells into compliance and to date we have had no response from you.

Please send to the NMOCD office in Artesia by July 15, 1997 a plan to bring these wells into compliance with rule 201. Failure to respond will result in us requesting our legal department in Sant Fe to schedule a hearing so you may appear and show cause why these wells should not be plugged.

Yours Truly



Tim W. Gum
District II Supervisor

METEOR DEVELOPMENTS, INC.

~~Bordeaux Petroleum Company~~

333 W. Hampden Avenue Suite 604
Englewood, CO 80110

\$50,000 Blanket Plugging Bond
Central Pacific Assurance, Ltd.,
Surety
Bond No. 9004

Approved: February 26, 1990.

Approved: Oct¹⁰ber 21, 1991

Rider changing name of principal
to METEOR DEVELOPMENTS, Inc.

DEPARTMENT

CERTIFIED

P 194 615 088

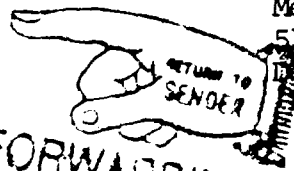
MAIL

RETURN RECEIPT REQUESTED

RECEIVED

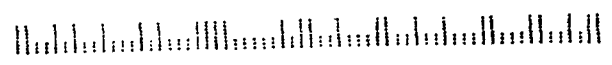
JUL - 2 1997

Meteor Development
511 16th Street, Ste 400
Denver, CO 80202



FORWARDING
ORDER
EXPIRED

88210/2834 11



C

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

State of New Mexico
Energy, Minerals and Natural Resources Department

23518

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

no file

Operator METEOR DEVELOPMENTS, INC.	Well API No.
Address 511 16th Street, Suite 400, Denver, CO 80202	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain)	
Effective September 1, 1991	
If change of operator give name and address of previous operator Bordeaux Petroleum Co., 511 16th Street, Suite 400, Denver, CO 80202	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Martin	Well No. 2	Pool Name, including Formation Carlsbad S. Cherry Canyon	Kind of Lease State, Federal or <input checked="" type="radio"/> Fee	Lease No.
Location Unit Letter F ; 2198 Feet From The N Line and 1750 Feet From The W Line Section 20 Township 22 South Range 27 East , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> Oil or <input type="checkbox"/> Condensate Evron Oil Trading & Transport Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston TX 77251-1188
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> Oil or <input type="checkbox"/> Dry Gas None	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 F Sec. 20 Twp. 22S Rge. 25E	Is gas actually connected? No 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	Gas 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 Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<i>10 1/2</i>			
<i>8</i>			
<i>6</i>			

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

VI. OPERATOR 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 M. Patterson
Signature
BRUCE M. PATTERSON ENGINEER & OPERATIONS
Printed Name
9/18/91 **303/572-1135**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **OCT 23 1991**
By **ORIGINAL SIGNED BY**
MIKE WILLIAMS
Title **SUPERVISOR, DISTRICT I**

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 for...

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL <input checked="" type="checkbox"/>	GAS <input type="checkbox"/>
OPERATOR		
PRORATION OFFICE		

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

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

Operator
Belco Petroleum Corporation

Address
P.O. Box 19234, Houston, Texas 77024

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE FLARED AFTER 11-12-73 UNLESS AN EXCEPTION TO IS OBTAINED <i>Ex. # 2-148</i>
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

I. DESCRIPTION OF WELL AND LEASE *11-12-73 R-5724, South Belco - Cherry Canyon*

Lease Name Martin Com.	Well No. 2	Pool Name, Including Formation Wildcat (Delaware)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter F ; 2198 Feet From The North Line and 1750 Feet From The West Line of Section 20 Township 22-S Range 27-E , NMPM, Eddy County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Miller Oil Purchasing Company	P.O. Box 1308, Jackson, Mississippi 39205
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
None	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	F 20 22-S 27-E No

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.																
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>																					
Date Spudded 8-29-75	Date Compl. Ready to Prod. 9-12-75	Total Depth 3375'		P.B.T.D. 3321'																				
Elevations (DF, RKB, RT, GR, etc.) 3136.5 G.L.	Name of Producing Formation Delaware	Top Oil/Gas Pay 3255'		Tubing Depth 3280'		Depth Casing Shoe 3366.30																		
<p align="center">TUBING, CASING, AND CEMENTING RECORD</p> <table border="1"> <thead> <tr> <th>HOLE SIZE</th> <th>CASING & TUBING SIZE</th> <th>DEPTH SET</th> <th>SACKS CEMENT</th> </tr> </thead> <tbody> <tr> <td>11"</td> <td>8 5/8"</td> <td>379'</td> <td>175</td> </tr> <tr> <td></td> <td>5 1/2"</td> <td>3361'</td> <td>700</td> </tr> <tr> <td></td> <td>2 3/8"</td> <td>3280'</td> <td></td> </tr> </tbody> </table>									HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	11"	8 5/8"	379'	175		5 1/2"	3361'	700		2 3/8"	3280'	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT																					
11"	8 5/8"	379'	175																					
	5 1/2"	3361'	700																					
	2 3/8"	3280'																						

VI. 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 9-12-75	Date of Test 9-13-75	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 20 psi	Casing Pressure	Choke Size
Actual Prod. During Test 193	Oil - Bbls. 193	Water - Bbls. 0	Gas - MCF 24764
		TSTM	

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.

Crayton Byrd
(Signature)

Crayton Byrd - Production Assistant
(Title)

September 18, 1975
(Date)

OIL CONSERVATION COMMISSION
SEP 22 1975

APPROVED _____ 19____

BY *W.A. Gressitt*

TITLE **SUPERVISOR, DISTRICT II**

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

RECEIVED
DEC 22 1981
O. C. D.
ARTESIA OFFICE

SUMMARY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM TO REPORT ON WELLS OR TO REPORT ON WELLS OPERATING IN A DIFFERENT RESERVOIR.
SEE INSTRUCTIONS FOR REPORTING ON WELLS OPERATING IN A DIFFERENT RESERVOIR.

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input type="checkbox"/>
2. Name of Operator BELCO PETROLEUM CORPORATION	6. Form of Lease Name MARTIN
3. Address of Operator 10000 OLD KATY ROAD, STE 100, HOUSTON, TX 77055	7. Unit Agreement Name
4. Location of Well UNIT LETTER <u>F</u> <u>-2205</u> FEET FROM THE <u>NORTH</u> LINE AND <u>1750</u> FEET FROM THE <u>WEST</u> LINE. SECTION <u>20</u> TOWNSHIP <u>22-S</u> RANGE <u>27-E</u> N.M.P.M.	8. Well No. 2
15. Elevation (Show whether DF, RT, CR, etc.) 3146 KB	9. Field and Pool, or Wellcut CARLSBAD S (CHERRY CANYON)
	10. County EDDY

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
		OTHER <u>REMEDIAL WORK</u>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1193.

Acidized perforations 3255-80 w/1000 gals 70-30 (70%, 15% HCl & 30% Xylene)
DAD acid containing 3 gals A-200, 15 gals U-74, 2 gals F-63 & 5 gals L-41L.
Flushed w/66 bbls lease oil. CI for 24 hrs.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED: Carl M. Zisser TITLE: Production Superintendent DATE: 12/22/81

APPROVED BY: W. A. Gussert TITLE: SUPERVISOR, DISTRICT 11 DATE: DEC 30 1981

CONDITIONS OF APPROVAL, IF ANY:

Submit 5 Copies
 Appropriate District Office
 DISTRICT I
 P.O. Box 1940, Hobbs, NM 88240

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-104
 Revised 1-1-89
 See Instructions
 at Bottom of Page

OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator METEOR DEVELOPMENTS, INC.	Well API No.
Address 511 16th Street, Suite 400, Denver, CO 80202	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Effective September 1, 1991
If change of operator give name and address of previous operator	Bordeaux Petroleum Co., 511 16th Street, Suite 400, Denver, CO 80202

II. DESCRIPTION OF WELL AND LEASE

Lease Name Martin	Well No. 2	Pool Name, Including Formation Carlsbad S. Cherry Canyon	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter F	2198	Feet From The N Line and 1750	Feet From The N Line	
Section 20	Township 22 South	Range 27 East	NMPM	County Eddy

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Enron Oil Trading & Transport Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston TX 77251-1188		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	None	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 F	Sec. 20	Twp. 22S	Rge. 25E
			Is gas actually connected? No	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	Gas 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 Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
						Port ID-3		
						10-25-91		
						ckg of		

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 Tank	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

VI. OPERATOR 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 M. Patterson
 Signature
BRUCE M. PATTERSON ENGINEER & OPERATIONS
 Printed Name
9/18/91 **303/572-1135**
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **OCT 23 1991**

By **ORIGINAL SIGNED BY**
MIKE WILLIAMS
 Title **SUPERVISOR, DISTRICT 17**

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 well.

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

State of New Mexico
 Energy, Minerals and Natural Resources Department

RECEIVED
 Form C-104
 Revised 1-1-89
 See Instructions
 at Bottom of Page

OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

DEC 17 '90

DISTRICT II
 P.O. Drawer DD, Arredondo, NM 88210

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Bordeaux Petroleum Company	Well API No. 30-015-22277
Address 333 W. Hampden Ave., Suite 604, Englewood, CO 80110	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Effective December 1, 1990	
If change of operator give name and address of previous operator Roemer Oil Company 1675 Broadway, Suite 2750, Denver, CO 80202	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Martin	Well No. 5	Pool Name, including Formation Carlsbad S. Cherry Canyon	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter L : 2210 Feet From The S Line and 990 Feet From The W Line Section 20 Township 22S Range 27E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Enron Oil Trading Transport Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188 Houston, TX 77251-1188			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 L	Sec. 20	Twp. 22S	Rge. 27E
	Is gas actually connected? No		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	Gas 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 Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
						12-28-90		
						12-28-90		

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 Tank	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

VI. OPERATOR 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 M. Patterson
 Signature
 Bruce M. Patterson VP / Engr. & Oper.
 Printed Name Title
 12-5-90 (303)761-3707
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 26 1990

By ORIGINAL SIGNED BY
MIKE WILLIAMS
 Title SUPERVISOR, DISTRICT II

- 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.
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 - 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.

Submit 3 Copies
 Appropriate District Office
 DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-104
 Revised 1-1-89
 See Instructions
 at Bottom of Page

OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Roemer Oil Company ✓	Well API No. 30-015-21557
Address 1675 Broadway, Suite 2750, Denver, CO 80202	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Effective 10/1/90
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Hallwood Petroleum, Inc., P.O. Box 378111, Denver, CO 80237	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Martin	Well No. 2	Pool Name, Including Formation Carlsbad S. Cherry Canyon	Kind of Lease State, Federal or <input checked="" type="radio"/> Fee	Lease No.
Location Unit Letter <u>F</u> : <u>2198</u> Feet From The <u>N</u> Line and <u>1750</u> Feet From The <u>W</u> Line Section <u>20</u> Township <u>22S</u> Range <u>27E</u> , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Enron Oil Trading & Transp. Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, TX 77251-1188
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 ? F 20 22S 27E No
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	Gas Well	New Well	Workover	Deepen	Plug Back	Some 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 Depth				
Perforations							Depth Casing Shoe	

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 Tank	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

VI. OPERATOR 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.

Holly S. Richardson
 Signature
 Holly S. Richardson Sr. Ops. Eng. Tech.
 Printed Name
 10/1/90
 Date
 (303) 850-6322
 Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 5 1990

By ORIGINAL SIGNED BY
MIKE WILLIAMS
 Title SUPERVISOR, DISTRICT II

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.

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

State of New Mexico
 Energy, Minerals and Natural Resources Department

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
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Hallwood Petroleum, Inc.	Well API No. 30-015-21557
Address P.O. Box 378111, Denver, CO 80237	
Reason(s) for Filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Quinoco Petroleum, Inc., P.O. Box 378111, Denver, CO 80237	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Martin	Well No. 2	Pool Name, including Formation Carlsbad S. Cherry Canyon	Kind of Lease State, Federal or <input checked="" type="checkbox"/> Fee	Lease No.
Location Unit Letter <u>F</u> : <u>2198</u> Feet From The <u>North</u> Line and <u>1750</u> Feet From The <u>West</u> Line Section <u>20</u> Township <u>22S</u> Range <u>27E</u> , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Enron Oil Trading & Transp. Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston, TX 77251-1188	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 F	Sec. 20
	Twp. 22S	Rge. 27E
	Is gas actually connected? No	
When?		

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas 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 Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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 Tank	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 (prod. back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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.

Holly S. Richardson
 Signature
 Holly S. Richardson Sr. Ops. Eng. Tech.
 Printed Name
 6/26/90
 Date
 (303) 850-6322
 Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 10 1990

By MIKE WILLIAMS
 ORIGINAL SIGNED BY
 SUPERVISOR, DISTRICT II

Title _____

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.

DISTRIBUTION		
ANTAFE		
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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

Form C-104
 Supersedes Old C-104 and C-1
 Effective 1-1-65

FEB 02 '89

Operator
 Quinoco Petroleum, Inc.

Address
 Stanford Place 3, 4582 South Ulster St Parkway, Ste 1700, Denver, CO 80237

Reason(s) for filing (Check proper box)
 New Well Change In Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain)
 EFFECTIVE 1/1/89

If change of ownership give name and address of previous owner
 Enron Oil & Gas Company, Box 2267, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name Martin	Well No. 2	Pool Name, including Formation Carlsbad South Cherry Canyon	Kind of Lease State, Federal or Fee	Fee	Lease No. -
Location Unit Letter <u>F</u> ; <u>2198</u> Feet From The <u>north</u> Line and <u>1750</u> Feet From The <u>west</u> Line of Section <u>20</u> Township <u>22S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Enron Oil Trading & Transp. Co.	Address (Give address to which approved copy of this form is to be sent) Box 20108, Shreveport, LA 71120
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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>F</u> Sec: <u>20</u> Twp: <u>22</u> Rge: <u>27</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	Gas 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 Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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 Ran 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

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.

Holly Richardson
 Holly Richardson (Signature)
 Production Technician
 (Title)
 1/23/89
 (Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 13 1989, 19__

BY Original Signed By
Mike Williams

TITLE _____

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.
 Separate Forms C-104 must be filed for each pool in multiple

NO. OF COPIES RECEIVED	
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FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/>
	GAS <input type="checkbox"/>
OPERATOR	
PRORATION OFFICE	

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

Form C-104
Supersedes Old C-104 and C
Effective 1-1-65

I. Operator
Enron Oil & Gas Company

Address
P. O. Box 2267, Midland, Texas 79702

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input type="checkbox"/>	Change In Transporter of:	Change Operator Name
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change In Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner **Belco Development Corp., Box 2267, Midland, Texas 79702**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Martin	Well No. 2	Pool Name, including Formation S. Carlsbad Cherry Canyon	Kind of Lease State, Federal or Fee	Fee	Lease No. -
Location Unit Letter F ; 2198 Feet From The north Line and 1750 Feet From The west					
Line of Section 20 Township 22S Range 27E , NMPM, Eddy County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Enron Oil Trading & Transp. Co.	Address (Give address to which approved copy of this form is to be sent) Box 20108, Shreveport, LA 71120
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 F Sec. 20 Twp. 22 Rge. 27 Is gas actually connected? No 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'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					
			11 7/8 10.5					
			2 3/4 37					
			1 1/2 11.5					

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	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 (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.

Betty Gildon
(Signature)
Betty Gildon, Regulatory Analyst
(Title)
3/9/87
(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 23 1987**, 19
Original Signed By
Mike Williams
BY **Oil & Gas Inspector**
TITLE

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 IV for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiple

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator
Belco Development Corporation

Address
10,000 Old Katy Rd., Suite 100, Houston, Texas 77055

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>			

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Martin	Well No. 2	Pool Name, including Formation So. Carlsbad - Cherry Canyon (Delaware)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>F</u> ; <u>2198</u> Feet From The <u>North</u> Line and <u>1750</u> Feet From The <u>West</u> Line of Section <u>20</u> Township <u>22S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> UPG, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3339, Abilene, TX 79604
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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>F</u> Sec. <u>20</u> Twp. <u>22S</u> Rge. <u>27E</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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
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			

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 oil able 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

VI. 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.

Joseph Randall
(Signature)
Production Accountant
(Title)
6/13/84
(Date)

OIL CONSERVATION DIVISION

JUN 25 1984

APPROVED _____, 19____
BY Leslie A. Clements
Supervisor District II

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

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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U.S.O.B.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Belco Development Corporation

Address 10,000 Old Katy Rd. Ste. 100 Houston, TX 77055

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name Belco Petroleum Corporation 10,000 Old Katy Rd. Ste. 100 Houston, TX.
and address of previous owner 77055

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Martin</u>	Well No. <u>2</u>	Pool Name including Formation <u>South Carlsbad - Cherry Canyon (Delaware)</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location				
Unit Letter <u>F</u>	<u>2198</u> Feet From The <u>North</u> Line and <u>1750</u> Feet From The <u>West</u>			
Line of Section <u>20</u>	T. wship <u>22-S</u>	Range <u>27-E</u>	<u>NMPM</u> , <u>Eddy</u> County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Crude Oil Purchasing Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Drawer 175, Artesia, New Mexico 88210</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>None</u>	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>F</u>	Sec. <u>20</u>	Twp. <u>22-S</u>	Rge. <u>27-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:

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, CR, 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)

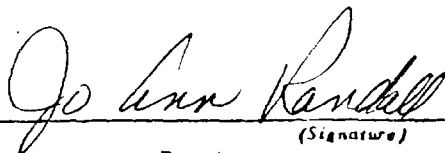
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

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.


JO ANN RANDALL
(Signature)
Production Accountant

August 15, 1983
(Date)

OIL CONSERVATION DIVISION
AUG 24 1983

APPROVED _____, 19

BY ORIGINAL SIGNED
BY LARRY BROOKS
GEOLOGIST - NMOCD

TITLE _____

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 allow

Fill out only sections 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000

Separate Forms C-104 must be filed for each pool in multiply



STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT
OIL CONSERVATION DIVISION
ARTESIA DISTRICT OFFICE

BRUCE KING
GOVERNOR

LARRY KEHOE
SECRETARY

December 18, 1981

P.O. DRAWER DD
ARTESIA, NEW MEXICO 88
(505) 746-4861

Belco Petroleum Corp.
10000 Old Katy Rd. Suite 100
Houston, TX 77055
Atten: Mr. Houser

Re: Martin
#2-F-20-22-27
Eddy County, NM

Gentlemen:

We hereby acknowledge receipt of a GOR test on the subject well requesting an allowable increase on the subject well from 30 BOPD to 80 BOPD.

To date this office has no record of any remedial work having been performed on the well. If remedial work has been performed submit the details on Form C-103.

If you have any questions concerning this matter please feel free to contact me.

Sincerely,

A handwritten signature in cursive script that reads "W. A. Gressett".

W. A. Gressett
Supervisor, District II

WAG:br

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

Form C-104
Superseded Old C-104 and C-105
Effective 1-1-65

Operator
BELCO PETROLEUM CORPORATION

Address
10,000 OLD KATY RD., SUITE 100, HOUSTON, TEXAS 77055

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>	O.C.D. ARTESIA OFFICE
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>			

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name MARTIN	Well No. 2	Pool Name, Including Formation SOUTH CARLSBAD - CHERRY CANYON (DELAWARE)	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter F ; 2198 Feet From The NORTH Line and 1750 Feet From The WEST Line of Section 20 Township 22-S Range 27-E , NMPM, EDDY County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> NAVAJO CRUDE OIL PURCHASING COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. DRAWER 175, ARTESIA, NEW MEXICO 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	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 F Sec. 20 Twp. 22-S Rge. 27-E	Is gas actually connected? NO When

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

VI. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas 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 Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

VII. TEST DATA AND REQUEST FOR ALLOWABLE (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

*Tested 10/3/80
1-16-80
1-8-81*

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

VIII. 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.

Carl M. Houser mps
(Signature)

PRODUCTION SUPERINTENDENT

OIL CONSERVATION COMMISSION
JUL 16 1980

APPROVED _____, 19____
BY W.A. Gussitt
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely for all wells.

Operator: Valco Petroleum Corporation Pool: Carlshad Cherry Canyon, South County: Eddy
 Lease: 10,000 Old Katy Rd., Suite 100, Houston, Texas 77055 Type of Test: (X) Scheduled Completion Special:

LEASE NAME	WELL NO.	LOCATION			DATE OF TEST	TYPE OF TEST - (X)	CHOKE SIZE	TBG. PRESS.	DAILY ALLOW. ABLE	LENGTH OF TEST HOURS	PROD. DURING TEST			GAS-OIL RATIO
		U	S	T							WATER BBL.	GRAV. OIL	OIL BBL.	
Martin	2	F	20	22-S	27-E	P	---	109	24	6	40.1	49	6	122
Martin	3	K	20	22-S	27-E	P	---	57	24	6	40.0	39	TSTM	---

JUL 18 1977

**D. C. C.
MTEBIA, OFFICE**

RECEIVED

No well will be assigned an allowable greater than the amount of oil produced on the official test.
 During Kansas ratio test, each well shall be produced at a rate not exceeding the top unit allowable for the pool in which well is located by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance in order that well can be assigned increased allowables when authorized by the Commission.
 Gas volumes must be reported in MCF measured at a pressure base of 15.025 psia and a temperature of 60° F. Specific gravity base will be 0.60.
 Report casing pressure in lieu of tubing pressure for any well producing through casing.
 Mail original and one copy of this report to the district office of the New Mexico Oil Conservation Commission in accordance with Rule 101 and appropriate pool rules.

I hereby certify that the above information is true and complete to the best of my knowledge and belief.

[Signature]
 (Signature)
 Production Accountant
 (Title)
 July 15, 1977
 (Date)

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

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

Operator
 Belco Petroleum Corporation

Address
 P. O. Box 19234, Houston, Texas 77024

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	Effective 9-1-76 from Belco Petroleum Corp.	
Recompletion <input type="checkbox"/>	Oil <input checked="" 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 _____

DESCRIPTION OF WELL AND LEASE

Lease Name Martin	Well No. 2	Pool Name, Including Formation South Carlsbad - Cherry Canyon (Delaware)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>F</u> ; <u>2198</u> Feet From The <u>North</u> Line and <u>1750</u> Feet From The <u>West</u>				
Line of Section <u>20</u> Township <u>22-S</u> Range <u>27-E</u> , NMPM, <u>Eddy</u> County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Scurlock Oil Company	Address (Give address to which approved copy of this form is to be sent) 1501 Houston Club Bldg., Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> None	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
	F 20 22-S 27-E No

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

VI. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas 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 Depth			
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

VII. 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

VIII. 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.

Crayton Byrd
 (Signature)
 Production Assistant
 (Title)
 9-2-76
 (Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 8 1976, 19____

BY W.A. Grasset

TITLE SUPERVISOR, DISTRICT II

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.
 Separate Forms C-104 must be filed for each pool in multiply completed wells.

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

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

Operator _____

Address **Beico Petroleum Corporation**

P.O. Box 19234, Houston, Texas 77024

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

Effective 4-1-76
Change from meter

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name Martin	Well No. 2	Pool Name, Including Formation South Carlsbad-Cherry Canyon (Delaware)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter F	2198 Feet From The North Line and 1750 Feet From The West			
Line of Section 20	Township 22-S	Range 27-E	NMPM, Eddy	County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Summit Gas Company	2510 W. Front St. Midland, Texas 79701			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
None				
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 20	Twp. 22-S	Rge. 27-E
	Is gas actually connected?		When	
	No			

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<input checked="" type="checkbox"/>								
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		

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	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 (pitor, 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.

Crayton Byrd
(Signature) **Crayton Byrd**
Production Assistant
3-18-76 (Date)

OIL CONSERVATION COMMISSION
MAR 29 1976

APPROVED _____, 19____

BY *W. A. Gressett*

TITLE **SUPERVISOR, DISTRICT II**

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

NEW MEXICO OIL CONSERVATION COMMISSION

Artesia, New Mexico

December 4, 1975

Belco Petroleum Corporation
Box 19234
Houston, Texas 77024

Re: Wells placed in pools

Gentlemen:

As the result of Commission Order R-5124 the following described well (~~s~~) (~~has-hay~~) been placed in the pool (~~s~~) shown below. This change in nomenclature has been made in our files. Please change your records to reflect the proper pool name. All subsequent reports must show this nomenclature until further notice.

SOUTH CARLSBAD-CHERRY CANYON
Martin #2-F, 20-22-27

Transporters are advised, by copy of this letter, to change their records to reflect the pool name as established by this order.

Very truly yours,

OIL CONSERVATION COMMISSION

W. A. Gressett

Dist.
Orig. Operator
Each transporter Miller Oil Purchasing Co.

file copy

NEW MEXICO OIL CONSERVATION COMMISSION
 APPLICATION FOR DISCOVERY ALLOWABLE AND CREATIC OF A NEW POOL

Adopted 9-1-66

NOTE: This form is to be filed and attachments made in accordance with the provisions of Rule 509.
 If discovery is claimed for more than one zone, separate forms must be filed for each.

Operator Belco Petroleum Corporation		Address 411 Petroleum Bldg., Midland, Texas 79701	
Lease Name Martin		Well No. 2	County Eddy
Well Location Unit Letter F ; 2205 Feet from The North Line and 1750 Feet From the West Line of Section 20 , Township 22-S , Range 27-E , NMPM			
Suggested Pool Names (List in order of preference) 1. South Carlsbad Upper Delaware 2. South Carlsbad Cherry Canyon 3.			
Name of Producing Formation Delaware-Cherry Canyon		Perforations 3255-3280	Date of Filing Form C-104 9-18-75
Was "Discovery of Discovery" Previously Filed For This Well in this Pool? NO		If Yes, Give Date of Filing	Date Well was Spudded 8-29-75
Date Compl. Ready to Prod. 9-12-75			
Total Depth 3375	Plugged Back Depth 3321	Depth Casing Shoe 3366	Tubing Depth 3280
Elevation (Gr., DF, RKB, RT, etc.) 3146 KB			
Oil Well Potential (Test to be taken only after all load oil has been recovered) 193 Bbls. Oil Per Day Based On 193 Bbls In 24 Hours; 0 Bbls Water Per Day Based On _____ Bbls			
In _____ Hours; Gas Production During Test: TSTM MCF; Gas-Oil Ratio: _____ Method Of Producing: Flow Chk. Size 24/64"			

NEAREST PRODUCTION TO THIS DISCOVERY (Includes past and present oil or gas producing areas and zones whether this discovery is based on horizontal or vertical separation):

Pool Name South Carlsbad	Name of Producing Formation Morrow	Top of Pay 11,200	Bottom of Pay 11,700	Currently Producing? Yes
Horizontal Distance and Direction from Subject Discovery Well to the Nearest Well in this Pool 100' west		Vertical Distance from Subject Discovery Zone to Producing Interval this Pool 8076'		

NEAREST COMPARABLE PRODUCTION (Includes past and present oil or gas production from this pay or formation only):

Pool Name Esperanza Delaware	Top of Pay 3417	Bottom of Pay 3424	Currently Producing? yes
Horizontal Distance and Direction from Subject Discovery Well to the Nearest Well in this Comparable Pool Three miles northeast			

Is "Discovery Fee" Discovery Allowable Requested for Subject Discovery Well? NO	If Yes, Give Name, Location, and Depth of Next Deepest Oil Production in this County
---	--

Is the Subject Well Multiple Completion? NO	Is Discovery Allowable Requested for other Zone(s)? NO	If Yes, Name all Such Formations
---	--	----------------------------------

LIST ALL OPERATORS OWNING LEASES WITHIN ONE MILE OF THIS WELL (Attach additional sheet if necessary)

NAME	ADDRESS
Cities Service Oil Company	800 Vaughn Bldg., Midland, Texas 79701
Reserve-Antweil 1973 Joint Venture	Box 2010, Hobbs, New Mexico 88240
Delta Drilling Company	Box 2012, Tyler, Texas 75701
Union Oil Company of California	Box 3100, Midland, Texas 79701
Nolan Brunson (McKnight)	Box 1039, Hobbs, New Mexico 88240
Mabee Petroleum Company	110-A Mid-America Bldg., Midland, Texas 79701
Superior Oil Company	204 W. Illinois, Midland, Texas 79701

Attach evidence that all of the above operators have been furnished a copy of this application. Any of said operators who intends to object to the designation of the subject well as a discovery well, eligible to receive a discovery allowable, must notify the appropriate District Office and the Santa Fe Office of the Commission of such intent in writing within ten days after receiving a copy of this application.

Remarks:

CERTIFICATION

I hereby certify that all rules and regulations of the New Mexico Oil Conservation Commission have been complied with, with respect to the subject well, and that it is my opinion that a bona fide discovery of a hitherto unknown common source of oil supply has been made in said well. I further certify that the discovery allowable for the subject well, if authorized, will be produced from the subject zone in this well only. Further, that the information given herein and attached hereto is true and complete to the best of my knowledge and belief.

A. C. Brunson *Neal Morgan* *Oct 10 75*

OPERATORS OWNING LEASES WITHIN ONE MILE OF WELL (Continued)

Beren Corporation

970 Fourth Financial Center,
Wichita, Kansas 67202

M. McDonold

822 Bldg. of the Southwest,
Midland, Texas 79701

Gene McCutchin

4230 LBJ Freeway, Dallas, Texas 75234

Troporo Oil & Gas

511 W. Ohio, Midland, Texas 79701

NEW MEXICO OIL CONSERVATION COMMISSION
GAS-OIL RATIO TESTS

C-116
Revised 1-1-65

Operator **Belco Petroleum Corporation** Pool **Wildcat (Delaware)** County **Eddy**
Address **P.O. Box 19234, Houston, Texas 77024**

LEASE NAME	WELL NO.	LOCATION			DATE OF TEST	TYPE OF TEST - (X)	CHOKE SIZE	TBG. PRESS.	DAILY ALLOWABLE	LENGTH OF TEST HOURS	Completion <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Special <input type="checkbox"/>			GAS - OIL RATIO CU.FT./BBL		
		U	S	T							R	WATER BBL.	PROD. DURING TEST GRAV. OIL BBL.		OIL BBL.	GAS M.C.F.
Martin	2	F	20	22S	27E	9-24-75	F	22/64	20	—	24	0	41.2	102	(1)	0

RECEIVED
OCT 14 1975
O.C.C.
ARTESIA, OFFICE

No well will be assigned an allowable greater than the amount of oil produced on the official test.
During gas-oil ratio test, each well shall be produced at a rate not exceeding the top unit allowable for the pool in which well is located by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance in order that well can be assigned increased allowables when authorized by the Commission.
Gas volumes must be reported in MCF measured at a pressure base of 15.025 psia and a temperature of 60° F. Specific gravity base will be 0.60.

Report casing pressure in lieu of tubing pressure for any well producing through casing.
Mail original and one copy of this report to the district office of the New Mexico Oil Conservation Commission in accordance with Rule 301 and appropriate pool rules.

I hereby certify that the above information is true and complete to the best of my knowledge and belief.

[Signature]
(Signature)
Production Assistant
(Title)
October 8, 1975
(Date)

TYPE OF REPORT - (X)
 Initial Completion XX
 Special
 General Survey

Operator: Belco Petroleum Corporation
 Address: P.O. Box 19234
 Houston, Texas 77024
 Pool: Wildcat (Delaware)
 Producing Formation: Delaware
 Oil Gradient: 0.350
 Water Gradient: 0
 Gas Gravity: .8279
 County: Eddy
 Date: 10-14-75
 Datum Plane: -131

LEASE	WELL NO.	LOCATION				ELEV.	OIL (O) OR GAS (G)	DATE TESTED	Z 15 TO 20 IN. HOLES PRESS.	SHUT-IN TBG. PRESS.	BOMB TEST DATA			SONIC INSTRUMENT TEST DATA*			LIQUID LEVEL	LIQUID GRAB-TENT PSI/FT.	WT. OF LIQUID COL. PSI	WT. OF GAS COL. PSI	CSG. PRESS.	PRESS. AT DATUM
		U	S	T	R						TEST DEPTH	B.H. TEMP. °F	OB-SERVED PRESS.	PROD. TEST (BBL./DAY) OIL	WATER							
Martin	2	F	20	22	27	E	3136	0	10-1-75	12	203	3177	90	1346								1379

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 O. C. C.
 ARTESIA, OFFICE

All depths plus or minus sea level; all pressures psi; Bomb shall be calibrated frequently enough against a dead weight tester to ensure an accuracy of one per cent; gas gravity shall be determined by analysis; liquid level shall be feet above datum plane. SEE RULE 302.
 * Well shall be produced at least 24 hours prior to shutting in for sonic test.

I hereby certify that the above information is true and complete to the best of my knowledge and belief.

C. W. Byrd
 (Signature) C. W. Byrd

Production Assistant
 (Title)

October 14, 1975
 (Date)

TYPE OF REPORT - (X)
 Initial Completion X
 Special
 General Survey

NEW MEXICO OIL CONSERVATION COMMISSION
 RESERVOIR PRESSURE REPORT

Operator		Pool		Producing Formation		Oil Gradient		Water Gradient		Gas Gravity		Date					
Relco Petroleum Corporation		Wildcat		Delaware		0.358		None		Not Taken		10/10/75					
Address		County		Oil Gradient		Water Gradient		Gas Gravity		Datum Plane		Date					
411 Petroleum Bldg., Midland, Texas		Eddy		psf/ft.		psf/ft.		psf/ft.		Mid-point of csg. per		Date					
LEASE	WELL NO.	LOCATION			ELEV. OR GAS (ft)	DATE TESTED	Z IN PRESS.	SHUT-IN 706. PRESS.	BOMB TEST DATA			SONIC INSTRUMENT TEST DATA*			PRESS. AT DATUM		
		U	S	T					R	TEST DEPTH	B.H. TEMP. °F	OB. SERVED PRESS.	PROD. TEST (BBL./DAY)	LIQUID LEVEL		LIQUID GRAD-IENT PSI/FT.	WT. OF LIQUID COL. PSI
Martin	2	F	20	22	27	3146	0	10/3/75	48	203	3173	90	1346	--	--	--	1379

*Mid-point of casing perforations 3268'

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 OCT 15 1975
 O.C.C.
 ARTESIA OFFICE

All depths plus or minus feet level; all pressures psi; Bomb shall be calibrated frequently enough against a dead weight tester to ensure an accuracy of one per cent; gas gravity shall be determined by analysis; liquid level shall be feet above datum plane. see RULE 302.
 * Well shall be produced at least 24 hours prior to shutting in for sonic test.

I hereby certify that the above information is true and complete to the best of my knowledge and belief.

[Signature]
 (Signature)

Operations Engineer
 (Title)

10/10/75
 (Date)



KENNETH D. REYNOLDS - ARTERIA
LESLIE K. EVERSON - ROSWELL

DRILLING CO., INC. - OIL WELL DRILLING CONTRACTORS

P. O. Box 2068 ROSWELL, NEW MEXICO 885
TELEPHONE: ARTERIA 746-67
ROSWELL 623-80

Sept. 11, 1975

RECEIVED

SEP 22 1975

D. C. B.
ARTERIA OFFICE

Belco Petroleum Corp.
411 Petroleum Bldg.
Midland, Texas 79701

Re: Martin Com #2

Gentlemen:

The following is a Deviation Survey of the above well:

200' - 1/4	1488' - 3/4
436' - 3/4	1645' - 2 1/4
650' - 2	1776' - 1 1/4
830' - 2 3/4	2164' - 1 3/4
925' - 3 1/4	2478' - 1 1/4
1019' - 3	2700' - 1 3/4
1119' - 2 1/2	2991' - 1 3/4
1300' - 3	3375' - 3/4

Yours very truly.

WEK DRILLING CO., INC.

Kenneth D. Reynolds

STATE OF NEW MEXICO)
COUNTY OF CHAVES)

The foregoing was acknowledged before me this 12th
day of Sept., 1975 by Kenneth D. Reynolds,

Barbara J. Burdick
Notary Public

My Commission Expires:

5-16-79

RECEIVED

SEP 15 1975

MIDLAND OFFICE

P O Box 19234
8707 Katy Freeway
Houston, Texas 77024
Telephone (713) 461-2662
Cable BELPETEX

Belco Petroleum Corporation

Belco

September 22, 1975

Mr. W. A. Gressett, Supervisor
District II
New Mexico Oil Conservation Commission
Drawer DD
Artesia, New Mexico 88210

Dear Mr. Gressett:

As previously reported to you by telephone, emergency conditions arose during the completion testing of Martin Com #2, Eddy County, New Mexico, which necessitated the movement of test production to temporary off-lease storage.

Heavy rains had prevented installation of permanent tankage and the well was being tested to frac tanks. Personnel were on location round-the-clock and detected a leak developing high on one of the tanks. The well was switched to a second tank which shortly thereafter gave indications of potential leakage.

In order to obtain vital uninterrupted test data and to prevent damage from oil spillage, field personnel made arrangements to haul from the test tanks to an isolated 500 barrel tank (not part of the tank battery) located near the Union Mead #1. In-company records were prepared to reflect the movement of 426 barrels oil to this storage tank.

Testing was permitted to continue and weather conditions permitted installation of the permanent tank battery which is now in use.

As discussed with you, we will have the transporter (Miller Oil Purchasing Company) pick up the oil temporarily stored off-lease and prepare run tickets reflecting its origin and ownership.

We appreciated very much your understanding and cooperation in this situation and your expediting an allowable upon receipt of the required forms. If additional information is needed please call me collect at 713-461-2662 (Houston).

Yours very truly,



P.B. Koonce
Division Production Superintendent

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OPERATOR	

Form C-105
Revised 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease
State Fee
5. State Oil & Gas Lease No.

RECEIVED

SEP 29 1975

1. TYPE OF WELL
OIL WELL GAS WELL DRY OTHER _____
2. TYPE OF COMPLETION
NEW ACRY OVER DEEPEN PLUG BACK DIFF. RESVR. OTHER _____
3. OPERATOR'S NAME
Belco Petroleum Corporation
4. ADDRESS OF OPERATOR
411 Petroleum Building, Midland, Texas 79701

7. Unit Agreement Name
8. Farm or Lease Name
Martin Com
9. Well No.
2
10. Field and Pool, or Wildcat
Wildcat (Delaware)

4. LOCATION OF WELL
UNIT LETTER F LOCATED 2198 FEET FROM THE North LINE AND 1750 FEET FROM
THE NESE CORNER OF SEC. 20 TWP. 22-S R. 27-E NMPM

12. County
Eddy

11. Date Drilled 8/29/75 15. Date T.D. Reached 9/6/75 17. Date Compl. (Ready to Prod.) 9/12/75 18. Elevations - DF, RKB, RT, GR, etc.) 3136.5' GL 19. Elev. Casinghead

20. Total Depth 5575' 21. Plug Back T.D. 3321' 22. If Multiple Compl., How Many
23. Intervals Drilled By Rotary Tools Cable Tools
0-3375'

24. Spacing Intervals, of this completion - Top, Bottom, Name
3255' to 3280' Delaware 25. Was Directional Survey Made Yes

26. Type Electric and Other Logs Run
Acoustic, Gamma-ray & Caliper Logs 27. Was Well Cored No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH - SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
3-5.3"	24.0	379'	11"	175 sx.	---
3-1 1/2"	15.5	3561'	7-7/8"	700 sx.	---

29. LINER RECORD 30. TUBING RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2-3/8"	3154'	3160'

31. Perforation Record (Interval, size and number):
3255-3280', 1 HPF, 0.46" Diameter Holes

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
3255-3280'	500 gals. acid

33. PRODUCTION

Date First Production 9/10/75 Production Method (Flowing, gas lift, pumping - Size and type pump) Flowing Well Status (Prod. or Shut-in) Producing

Date of Test	Hours Tested	Casing Size	Prodn. For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas-Oil Ratio
9/15/75	24	24/64"	→	193	TSTM	0	Nil

Flow - Well Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API (Corr.)
20	Pkr.	→	193	TSTM	0	Not Taken

34. Disposition of Gas (Sold, used for fuel, vented, etc.)
Vented at present Test Witnessed By Don Rutherford

35. List of Attachments
Electric Logs

36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED J. T. Holten, Jr. TITLE Operations Engineer DATE 9/25/75

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OPERATOR	1

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION

RECEIVED

SEP 24 1975

5a. Indicate Type of Lease
State Fee
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	ARTESIA, OFFICE	7. Unit Agreement Name
2. Name of Operator Belco Petroleum Corporation		8. Farm or Lease Name Martin
3. Address of Operator 411 Petroleum Building, Midland, Texas 79701		9. Well No. 2
4. Location of Well UNIT LETTER <u>F</u> <u>2198</u> FEET FROM THE <u>North</u> LINE AND <u>1750</u> FEET FROM THE <u>West</u> LINE, SECTION <u>20</u> TOWNSHIP <u>22-S</u> RANGE <u>27-E</u> NMPM.		10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 3136.5' GL		12. County Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK PLUS AND ABANDON
TEMPORARILY ABANDON CHANGE PLANS
PULL OR ALTER CASING
OTHER

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING
COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
CASING TEST AND CEMENT JOB
OTHER Perforate oil string, acid treat & test.

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

9/10/75: Ran GR correlation log from TD of 3315' to 2300'. Perforated 5-1/2" csg. from 3255' to 3280' with 1 hole per foot. Ran 105 jts. of 2-3/8" tbg. w/ Otis Perma-Latch packer set at 3150'. Acidized w/500 gals. Maximum pressure 2000 psi. Made 3 swab runs and well kicked off. Flowed 120 BO & 29 BW on 24/64" choke w/TP of 20 psi in 16 hrs. Gas volume not measured. Testing continuing.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE Operations Engineer DATE 9/22/75
APPROVED BY [Signature] TITLE SUPERVISOR, DISTRICT II DATE SEP 25 1975

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OPERATOR	1

Form C-103
Supersedes Old
C-102 and C-03
Effective 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION

RECEIVED

SEP 11 1975

5a. Indicate Type of Lease
State Fee
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Belco Petroleum Corporation ✓	8. Farm or Lease Name Martin Com
3. Address of Operator 411 Petroleum Building, Midland, Texas 79701	9. Well No. 2
4. Location of Well UNIT LETTER <u>F</u> <u>2198</u> FEET FROM THE <u>North</u> LINE AND <u>1750</u> FEET FROM THE <u>West</u> LINE, SECTION <u>20</u> TOWNSHIP <u>22-S</u> RANGE <u>33-E 27</u> NMPM.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 3136.5' GL	12. County Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Drilled to TD of 3375'. Ran Acoustic Gamma-Ray and Caliper Logs. Ran 85 jts. of 5-1/2" (3361'), 15.5#, K-55, LT&C casing set at 3361' with 500 sx. HOWCO "Lite" with 5# gilsonite and 8# salt per sx. followed by 200 sx. 50/50 Poz Mix Class "C" with 8# salt per sx. Plug down at 4:15 p.m., 9/6/75. Ran Temperature Survey. Top of cement at 1200'. Plug at 3321'.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED J. T. Holten, Jr. TITLE Operations Engineer DATE 9/9/75
APPROVED BY W. A. Gressitt TITLE SUPERVISOR, DISTRICT II DATE SEP 15 1975

CONDITIONS OF APPROVAL, IF ANY:

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SEP 15 1975

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

O. C. C.
ARTESIA, OFFICE

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Belco Petroleum Corporation	8. Farm or Lease Name Martin Con-
3. Address of Operator 411 Petroleum Building, Midland, Texas 79701	9. Well No. 2
4. Location of Well UNIT LETTER <u>F</u> <u>2198</u> FEET FROM THE <u>North</u> LINE AND <u>1750</u> FEET FROM THE <u>West</u> LINE, SECTION <u>20</u> TOWNSHIP <u>22-S</u> RANGE <u>27-E</u> NMPM.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 3136.5' GL	12. County Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

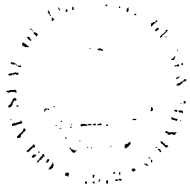
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Spudded 11" hole at 4:30 p.m., 8/29/75. Set 9 jts. (368') of 8-5/8", 24#, K-55, ST&C casing set at 379' with 175 sx. Class "C" with 2% CaCl₂. Plug down at 12:15 a.m., 8/30/75. Circulated 15 sx. Nippled up wellhead and installed BOP's. WOC 12 hrs and tested BOP's and casing to 1000 psi for 30 minutes - held okay.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE Operations Engineer DATE 9/12/75
M. T. Holten, Jr.

APPROVED BY [Signature] TITLE SUPERVISOR, DISTRICT II DATE SEP 15 1975
Far Record Unit



OIL CONSERVATION COMMISSION

STATE OF NEW MEXICO
P. O. DRAWER DD - ARTESIA
88210

September 11, 1975

I. R. TRUJILLO
CHAIRMAN

LAND COMMISSIONER
PHIL R. LUCERO
MEMBER

STATE GEOLOGIST
A. L. PORTER, JR.
SECRETARY - DIRECTOR

Belco Petroleum Corporation
411 Petroleum Building
Midland, Texas 79701

Re: Martin
#2-F, 20-22-27
Eddy County, N. M.

Gentlemen:

We are returning the enclosed Form C-103 on the subject well for additional information.

Please show if cement circulated to surface and the WOC time prior to commencing the tests.

Sincerely yours,

A handwritten signature in cursive script that reads "W. A. Gressett".

W. A. Gressett
Supervisor, District II

WAG/ep
Enc.

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OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION **RECEIVED**

Form C-103
Supersedes O11
C-102 and C-103
Effective 1-1-65

SEP 11 1975

O. C. C.
ARTESIA, OFFICE

5a. Indicate Type of Lease
State Fee
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL GAS WELL OTHER

2. Name of Operator
Belco Petroleum Corporation

3. Address of Operator
411 Petroleum Building, Midland, Texas 79701

4. Location of Well
UNIT LETTER **F** **2198** FEET FROM THE **North** LINE AND **1750** FEET FROM
THE **West** LINE, SECTION **20** TOWNSHIP **22-S** RANGE **27-E** NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
Martin Com

9. Well No.
2

10. Field and Pool, or Wildcat
Wildcat

15. Elevation (Show whether DF, RT, GR, etc.)
3136.5' GL

12. County
Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER

PLUG AND ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOBS

OTHER

ALTERING CASING

PLUG AND ABANDONMENT

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Spudded 11" hole at 4:30 p.m., 8/29/75. Set 9 jts. (368') of 8-5/8", 24#, K-55, ST&C casing set at 379' with 175 sx. Class "C" with 2% CaCl₂. Plug down at 12:15 a.m., 8/30/75. Nippled up wellhead and installed BOP's. Tested BOP's and casing to 1000 psi for 30 minutes - held okay.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED *[Signature]* TITLE Operations Engineer DATE 9/9/75
G. F. Holten, Jr.

APPROVED BY _____ TITLE _____ DATE _____

copy included in this location

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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

RECEIVED

JUN 3 1975

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease
STATE FEE
5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK.

1a. Type of Work b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>	2. Name of Operator Belco Petroleum Corporation	7. Unit Agreement Name	8. Farm or Lease Name Martin
3. Address of Operator 411 Petroleum Building, Midland, Texas 79701	4. Location of Well UNIT LETTER <u>F</u> LOCATED <u>2198</u> FEET FROM THE <u>North</u> LINE AND <u>1750</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>20</u> TWP. <u>22-S</u> RGE. <u>27-E</u> NMPM	9. Well No. 2	10. Field, and Pool, or Wildcat Wildcat
19. Proposed Depth 3400'		19A. Formation Delaware Sand	20. Rotary or C.T. Rotary
21. Elevations (Show whether DF, RT, etc.) 3136.5' GL	21A. Kind & Status Plug. Bond Permanent	21B. Drilling Contractor Unknown	22. Approx. Date Work will start July 1, 1975

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
11"	8-5/8"	24#	400'	250	Circulate
7-7/8"	5-1/2"	15.5#	3400'	150	2000'

BOP PROGRAM

8-5/8" --- One set pipe rams, 1 set blind rams, 3000# working pressure.
One Hydril, 1500# working pressure.

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED,

EXPIRES 9-4-75

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed J. L. Holtz Jr. Title Operations Engineer Date 6/2/75
(This space for State Use)

APPROVED BY W. A. Gressett TITLE SUPERVISOR, DISTRICT II DATE JUN 4 1975

CONDITIONS OF APPROVAL, IF ANY:

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form O-12
Supersedes O-12a
Effective 10-1-65

All distances must be from the outer boundaries of the Section

Belco Petroleum Corporation		Martin		2
F	20	22 South	27 East	Eddy
2198	North	1750	feet from the	West
3136.5	Delaware Sand	Wildcat	Estimated Acreage: 40	

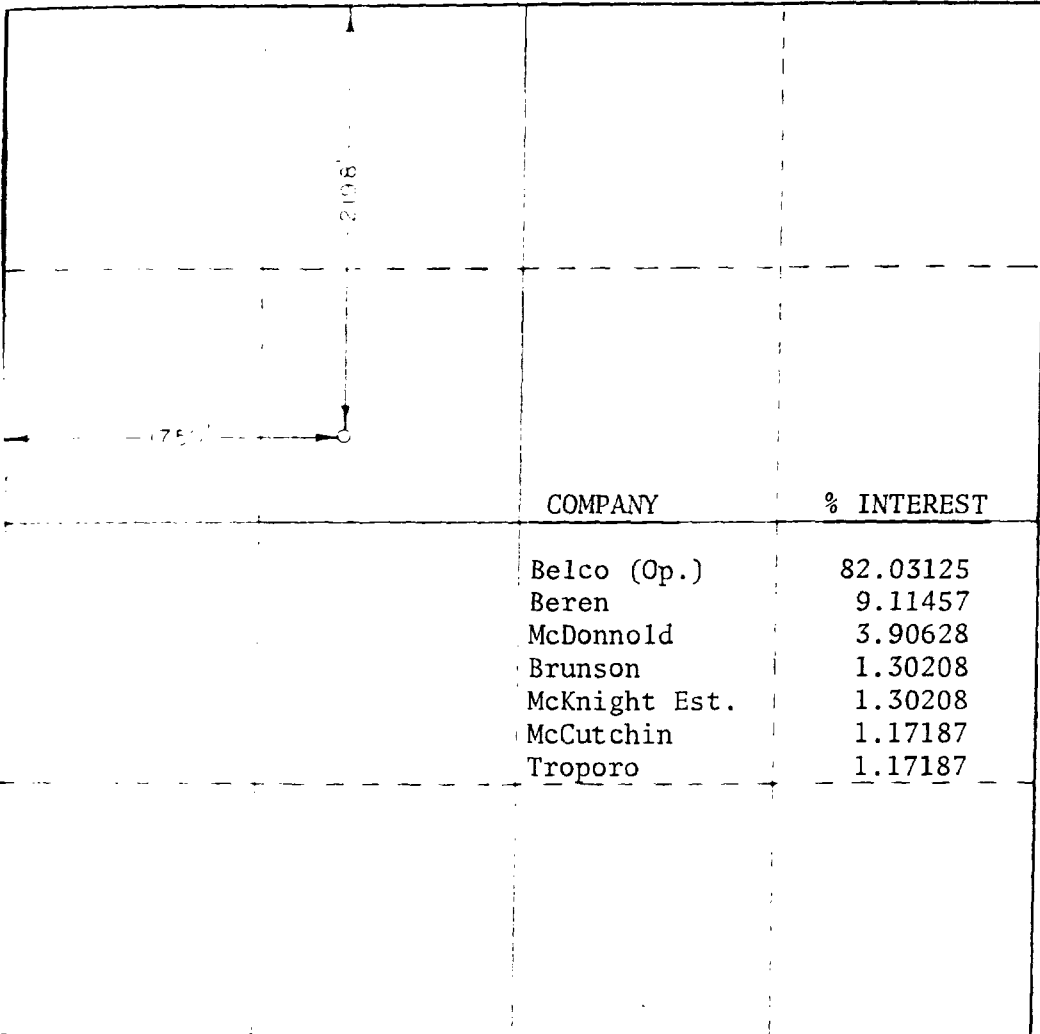
Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.

- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty)
- If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

XX Yes No If answer is "yes," type of consolidation Will be communitized.

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



COMPANY	% INTEREST
Belco (Op.)	82.03125
Beren	9.11457
McDonnold	3.90628
Brunson	1.30208
McKnight Est.	1.30208
McCutchin	1.17187
Troporo	1.17187

CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

J. T. Holten, Jr.
J. T. Holten, Jr.

Position
Operations Engineer

Company
Belco Petroleum Corporation

Date
May 30, 1975

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date: May 21, 1975

REC. PROF. ENGINEER & LAND SUPERVISOR
STATE OF NEW MEXICO
676
JOHN W. WEST

COMPANY

Meteor Development Inc.

PROPERTY NAME

Martin

WELL NO.

3

DATE

LOCATION (ULSTR)

20-22-27 ut K

FOOTAGE

2310FSL 2000FWL

API NO.

30-115-21858

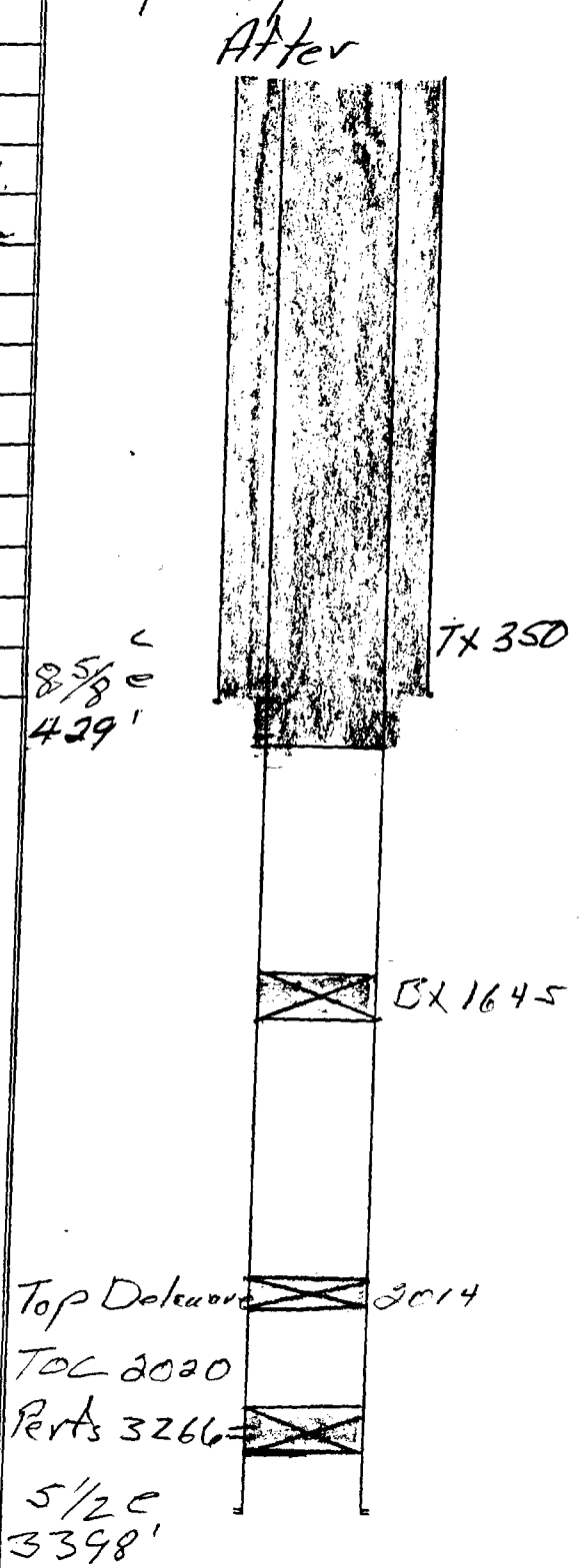
POOL

S. Carlsbad Cherry Canyon

1. Spot a 40 sx plug @ 3270 WOC + tag.
2. Spot a 25 sx plug @ 2025'
3. Spot a 25 sx plug @ 1645'
4. Perforate @ 480' & circulate cement up backside of 5 1/2 csg to surface. Shut in 5 1/2 annulus & fill csg to surface.
5. Set P/A marker, clean & level location, cut anchors.
6. Mud shall be placed between plugs @ 25 lb per bbl of brine.

CASING RECORD:

8 5/8" @ 429' 200 sx 11" hole
 5 1/2" @ 3398 w/ 700 sx ToC 2020'
 7 7/8" hole
 Top Perf @ 3266'
 Top of Delaware 2014
 TX 350
 BX 1645



Top Delaware 2014
 ToC 2020
 Perfs 3266'
 5 1/2" @ 3398'

DEPARTMENT

CERTIFIED

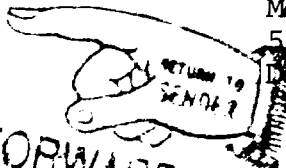
P 194 615 088

MAIL

RETURN RECEIPT REQUESTED

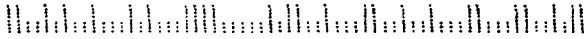
Meteor Development
511 16th Street, Ste 400
Denver, CO 80202

1997-03-07



FORWARDING
ORDER
EXPIRED

28210/2824 11



C

STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION
ARTESIA DISTRICT OFFICE

GARY E. JOHNSON
GOVERNOR

JENNIFER SALISBURY
CABINET SECRETARY

June 12, 1997

Meteor Development
511 16th Street, Ste 400
Denver, Co 80202

Re: Properly Abandoned Well, Meteor Development, Martin #3 and #5 in
Sec 20 T-22S R-27E, Eddy County, New Mexico

Dear Sir;

The state of New Mexico is in the process at this time of reviewing leases and determining the number of abandoned wells.

Rule 201 A. states the operator of any well drilled for oil, gas or injection, for seismic, core or other exploration, or for a service well, whether cased or uncased, shall be responsible for the plugging thereof.

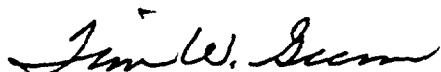
Rule 201 B. states a well shall be either properly plugged and abandoned or temporarily abandoned in accordance with these rules within 90 days after (1) a 60 day period following suspension of drilling. (2) a determination that the well is no longer usable for beneficial purposes. (3) a period of one year in which a well has been continuously inactive.

House Bill 65 has been passed by the legislature and provides some tax incentives for wells put back in production. However, if there are no plans to put wells back in service then they need to be either plugged or properly temporarily abandoned.

Mr. Ray Smith wrote you on February 21, 1996 asking you to bring these wells into compliance and to date we have had no response from you.

Please send to the NMOCD office in Artesia by July 15, 1997 a plan to bring these wells into compliance with rule 201. Failure to respond will result in us requesting our legal department in Sant Fe to schedule a hearing so you may appear and show cause why these wells should not be plugged.

Yours Truly



Tim W. Gum
District II Supervisor

METEOR DEVELOPMENTS, INC.

~~Bordeaux Petroleum Company~~

333 W. Hampden Avenue Suite 604
Englewood, CO 80110

\$50,000 Blanket Plugging Bond
Central Pacific Assurance, Ltd.,
Surety
Bond No. 9004

Approved: February 26, 1990.

Approved: October 21, 1991

Rider changing name of principal
to METEOR DEVELOPMENTS, Inc.

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

State of New Mexico
Energy, Minerals and Natural Resources Department 23519

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
TO TRANSPORT OIL AND NATURAL GAS**

no file

I.

Operator METEOR DEVELOPMENTS, INC.	Well API No.
Address 511 16th Street, Suite 400, Denver, CO 80202	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Effective September 1, 1991	
If change of operator give name and address of previous operator Bordeaux Petroleum Co., 511 16th Street, Suite 400, Denver, CO 80202	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Martin	Well No. 3	Pool Name, Including Formation Carlsbad S. Cherry Canyon	Kind of Lease State, Federal or <input checked="" type="radio"/> Fee	Lease No.
Location Unit Letter K : 2310 Feet From The S Line and 2000 Feet From The W Line Section 20 Township 22S Range 27E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Enron Oil Trading & Transport Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston TX 77251-1188	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> None	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 K	Sec. 20
	Twp. 22S	Rge. 27E
	Is gas actually connected? No	
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	Gas 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 Depth		
Perforations							Depth Casing Show	

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 Tank	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	ROUTE TO:
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	

VI. OPERATOR 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 M. Patterson
Signature
BRUCE M. PATTERSON ENGINEER & OPERATIONS
Printed Name
Date **9/18/91** Telephone No. **303/572-1135**

OIL CONSERVATION DIVISION

Date Approved **OCT 28 1991**

By *Mike Williams*
ORIGINAL SIGNED BY
MIKE WILLIAMS
Title **SUPERVISOR, DISTRICT II**

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.

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator METEOR DEVELOPMENTS, INC.	Well API No.
Address 511 16th Street, Suite 400, Denver, CO 80202	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Effective September 1, 1991
If change of operator give name and address of previous operator Bordeaux Petroleum Co., 511 16th Street, Suite 400, Denver, CO 80202	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Martin	Well No. 3	Pool Name, Including Formation Carlsbad S. Cherry Canyon	Kind of Lease State, Federal or <input checked="" type="radio"/> Fee	Lease No.
Location Unit Letter K : 2310 Feet From The S Line and 2000 Feet From The W Line Section 20 Township 22S Range 27E , NMPM , Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Enron Oil Trading & Transport Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston TX 77251-1188			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 K	Sec. 20	Twp. 22S	Rge. 27E
	Is gas actually connected?		When?	
	No			

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	Gas 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 Depth		
Perforations							Depth Casing Shoe	
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
						Post IO-3		
						10-25-91		
						chg up		

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 Tank	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

VI. OPERATOR 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 M. Patterson
Signature
BRUCE M. PATTERSON ENGINEER & OPERATIONS
Printed Name
Date **9/18/91** Telephone No. **303/572-1135**
Title

OIL CONSERVATION DIVISION

Date Approved **OCT 23 1991**

By **ORIGINAL SIGNED BY**
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

Title

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.

mit 5 Copies
 appropriate District Office
 TRICT I
 Box 1980, Hobbs, NM 88240

State of New Mexico
 Energy, Minerals and Natural Resources Department

RECEIVED
 DEC 20 1990
 Form C-104
 Revised 1-1-89
 See Instructions
 at Bottom of Page

TRICT II
 Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

G. C. D.
 DISTRICT OFFICE

TRICT III
 10 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

Operator Bordeaux Petroleum Company	Well API No. 30-015-21858
Address 333 W. Hampden Ave., Suite 604, Englewood, CO 80110	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Effective December 1, 1990	
Change of operator give name and address of previous operator Roemer Oil Company 1675 Broadway, Suite 2750, Denver, CO 80202	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Martin	Well No. 3	Pool Name, including Formation Carlsbad S. Cherry Canyon	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>K</u> : <u>2310</u> Feet From The <u>S</u> Line and <u>2000</u> Feet From The <u>W</u> Line Section <u>20</u> Township <u>22S</u> Range <u>27E</u> , NMPM, Eddy County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Enron Oil Trading & Transport Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston, TX 77251-1138
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 ? K 20 22S 27E No

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	Gas 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 Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			127 FT
			13 22 1/2
			14 1/2

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 Tank	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

VI. OPERATOR 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.

Signature Bruce M. Patterson
 Printed Name Bruce M. Patterson VP / Engr. & Oper. Title
 Date 12-5-90 Telephone No. (303) 761-3707

OIL CONSERVATION DIVISION

Date Approved DEC 27 1990
 By ORIGINAL SIGNED BY
MIKE WILLIAMS
 Title SUPERVISOR, DISTRICT 19

- 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.

mit 5 Copies
 Probable District Office
 DISTRICT I
 P. Box 1980, Hobbs, NM 88240

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-104
 Revised 1-1-89
 See Instructions
 at Bottom of Page

DISTRICT II
 P. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

C. C. D.
 ARTESIA, DISTRICT II

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS

Operator Roemer Oil Company ✓	Well API No. 30-015-21858
Address 1675 Broadway, Suite 2750, Denver, CO 80202	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Effective 10/1/90
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	
Change of operator give name and address of previous operator Hallwood Petroleum, Inc., P.O. Box 378111, Denver, CO 80237	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Martin	Well No. 3	Pool Name, including Formation Carlsbad S. Cherry Canyon	Kind of Lease State, Federal or Fee <input checked="" type="radio"/>	Lease No.
Location Unit Letter <u>K</u> : <u>2310</u> Feet From The <u>S</u> Line and <u>2000</u> Feet From The <u>W</u> Line Section <u>20</u> Township <u>22S</u> Range <u>27E</u> , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Enron Oil Trading & Transp. Co. P. O. Box 1188, Houston, TX 77251-1188
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) None
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ? K 20 22S 27E No

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas 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 Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
						1-2 3/4 - 2		
						14-12-2 1/2		
						6 1/2 - 0 1/2		

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

VI. OPERATOR 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.

Holly S. Richardson
 Signature
 Holly S. Richardson Sr. Ops. Eng. Tech.
 Printed Name
 10/1/90 Date
 (303) 850-6322 Telephone No.

OIL CONSERVATION DIVISION

Date Approved **OCT 5 1990**
 By ORIGINAL SIGNED BY
MIKE WILLIAMS
 Title SUPERVISOR, DISTRICT II

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.

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

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-104
 Revised 1-1-89
 See Instructions
 at Bottom of Page

OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

JUL 12 1990

DISTRICT II
 P.O. Drawer DD, Artesa, NM 88210

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I. Operator Hallwood Petroleum, Inc. Well API No. 30-015-21858

Address P.O. Box 378111, Denver, CO 80237

Reason(s) for Filing (Check proper box) Other (Please explain)
 Change in Transporter of: Company name changed from Quinoco
 Petroleum, Inc. effective 6/1/90

New Well Change in Transporter of: Oil Dry Gas
 Recompletion Change in Transporter of: Casinghead Gas Condensate
 Change in Operator

If change of operator give name and address of previous operator Quinoco Petroleum, Inc., P.O. Box 378111, Denver, CO 80237

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Martin</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Carlsbad S. Cherry Canyon</u>	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Unit Letter <u>K</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>2000</u> Feet From The <u>West</u> Line Section <u>20</u> Township <u>22S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Enron Oil Trading & Transp. Co. Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1188, Houston, TX 77251-1188

Name of Authorized Transporter of Casinghead Gas or Dry Gas
None 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 K Sec. 20 Twp. 22S Rge. 27E Is gas actually connected? No 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	Gas 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 Depth			
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 Tank _____ 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 (pucc, back pr.) _____ Tubing Pressure (Shut-in) _____ Casing Pressure (Shut-in) _____ Choke Size _____

VI. OPERATOR 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.

Holly S. Richardson
 Signature
 Holly S. Richardson Sr. Ops. Eng. Tech.
 Printed Name
 6/26/90 Date
 (303) 850-6322 Telephone No.

OIL CONSERVATION DIVISION

AUG 10 1990
 Date Approved _____
 By ORIGINAL SIGNED BY
MIKE WILLIAMS
 Title SUPERVISOR, DISTRICT II

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 test; 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.

DISTRIBUTION		
ANTAFE		
FILE		
I.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**

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-85

Operator Quinoco Petroleum, Inc.
Address Stanford Place 3, 4582 South Ulster St Parkway, Ste 1700, Denver, CO 80237

Reason(s) for filing (Check proper box) Other (Please explain)
New Well Change in Transporter of: **EFFECTIVE 1/1/89**
Recompletion Oil Dry Gas
Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner Enron Oil & Gas Company, Box 2267, Midland, Texas 79702

DESCRIPTION OF WELL AND LEASE

Lease Name Martin	Well No. 3	Pool Name, including Formation Carlsbad South Cherry Canyon	Kind of Lease State, Federal or Fee Fee	Lease No. -
Location Unit Letter K ; 2310 Feet From The south Line and 2000 Feet From The west				
Line of Section 20 Township 22S Range 27E , NMPM, Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Enron Oil Trading & Transp. Co.	Address (Give address to which approved copy of this form is to be sent) Box 20108, Shreveport, LA 71120
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 K Sec. 20 Twp. 22 Rge. 27 Is gas actually connected? No 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)	Oil Well	Gas 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 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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Holly Richardson
Holly Richardson (Signature)
Production Technician
(Title)
1/23/89
(Date)

OIL CONSERVATION COMMISSION

FEB 13 1989
APPROVED _____ 19____
Original Signed By Mike Williams
TITLE _____

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.
Separate Forms C-104 must be filed for each well in multiple

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input checked="" type="checkbox"/>
LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/>
	GAS <input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input type="checkbox"/>

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

Form C-104
Supersedes Old C-104 and C
Effective 1-1-85

I. Operator
Enron Oil & Gas Company

Address
P. O. Box 2267, Midland, Texas 79702

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Change Operator Name

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner **Belco Development Corp., Box 2267, Midland, Texas 79702**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Martin	Well No. 3	Pool Name, including Formation S. Carlsbad Cherry Canyon	Kind of Lease State, Federal or Fee Fee	Lease No. -
Location Unit Letter K 2310 Feet From The south Line and 2000 Feet From The west				
Line of Section 20 Township 22S Range 27E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Enron Oil Trading & Transp. Co.	Address (Give address to which approved copy of this form is to be sent) Box 20108, Shreveport, LA 71120
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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
	K 20 22 27 No

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, CR, 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					
			1000					
			2000					
			3000					

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	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 (Shot-in)	Casing Pressure (Shot-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.

Betty Gildon
(Signature)

Betty Gildon, Regulatory Analyst
(Title)

3/9/87
(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 23 1987**, 19
Original Signed By
BY **Mike Williams**
Oil & Gas Inspector
TITLE _____

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.

Separate Forms C-104 must be filed for each pool in multiple.

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

Operator
Belco Development Corporation

Address
10,000 Old Katy Rd., Suite 100, Houston, Texas 77055

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" 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 _____

DESCRIPTION OF WELL AND LEASE

Lease Name Martin	Well No. 3	Pool Name, including Formation So. Carlsbad, Cherry Canyon	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>K</u> ; <u>2310</u> Feet From The <u>South</u> Line and <u>2000</u> Feet From The <u>West</u> Line of Section <u>20</u> Township <u>22S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> UPG, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3339, Abilene, TX 79604
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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>K</u> Sec. <u>20</u> Twp. <u>22S</u> Rge. <u>27E</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: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, CR, 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 (Test must be after recovery of total volume of load oil and must be equal to or exceed top all oil well able 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

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.

Jo Ann Randall
(Signature)
Production Accountant
(Title)
6/13/84
(Date)

OIL CONSERVATION DIVISION
JUN 25 1984
APPROVED _____, 19____
BY Leslie A. Clements
TITLE Supervisor District #

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen 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 all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

OIL CONSERVATION DIVISION

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

INITIALS		
DATE		
F.O.B.		
REG. OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
REGISTRATION OFFICE		
REG. NO.		

Belco Development Corporation

10,000 Old Katy Rd. Ste. 100 Houston, Texas 77055

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

Change of ownership give name and address of previous owner Belco Petroleum Corporation, 10,000 Old Katy Rd. Ste. 100 Houston, TX 77055

DESCRIPTION OF WELL AND LEASE

Lease Name Martin	Well No. 3	Pool Name, Including Formation S. Carlsbad, Cherry Canyon	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter K ; 2310 Feet From The South Line and 2000 Feet From The West				
Line of Section 20 Township 22-S Range 27-E , NMPM, Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 175, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 K Sec. 20 Twp. 22-S Rge. 27-E Is gas actually connected? No 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)	Oil Well	Gas 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 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/100MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

JO ANN RANDALL
(Signature)
Production Accountant
(Title)
August 15, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 25 1983, 19

BY ORIGINAL SIGNED BY LARRY BROOKS GEOLOGIST - NMOCD

TITLE _____

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, well name or number, or transporter, or other such change of condition. Separate Form C-104 must be filed for each pool in multiple

DISTRIBUTION		
DATE	1	
FILE	1	
S.G.S.		
FIELD OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		
REGISTRATION OFFICE		

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

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

BELCO PETROLEUM CORPORATION
 Address
10,000 OLD KATY RD., SUITE 100, HOUSTON, TEXAS 77055

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Completion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

JUL 16 1980
 ARTESIA, OFFICE

Change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name MARTIN	Well No. 3	Pool Name, including Formation SO. CARLSBAD, CHERRY CANYON	Kind of Lease State, Federal or Fee FEE	Lease No.
-----------------------------	----------------------	--	---	-----------

Location

Unit Letter **K** ; **2310** Feet From The **SOUTH** Line and **2000** Feet From The **WEST**

Line of Section **20** Township **22-S** Range **27-E** , NMPM, **EDDY** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> NAVAJO CRUDE OIL PURCHASING COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. DRAWER 175, ARTESIA, NEW MEXICO 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	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 K	Sec. 20	Twp. 22-S	Rge. 27-E	Is gas actually connected? NO	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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Has'v.	Diff. Res'v.
<input checked="" type="checkbox"/>								

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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
		Gas-MCF

2056 1103
7-10-80
11/10

GAS WELL

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

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.

Carl M. Houser
 (Signature)
 DISTRICT SUPERVISOR
 (Title)

OIL CONSERVATION COMMISSION

APPROVED JUL 16 1980, 19____

BY W. A. Bressert

TITLE SUPERVISOR, DISTRICT II

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 log showing the deviation logs taken on the well in accordance with RULE 111.

All entries on this form must be filled out completely, regardless of whether or not they are applicable.

FILE _____

GAS-OIL RATIO TESTS

C-116
Revised 1-1-65

Operator: Elco Petroleum Corporation Pool: Carlsbad Cherry Canyon, South County: Eddy
 Lease: 0,000 Old Katy Rd., Suite 100, Houston, Texas 77055 Type of Test: (X) Scheduled Completion: Spacing: ---

LEASE NAME	WELL NO.	LOCATION				DATE OF TEST	TYPE OF TEST - (X)	CHOKE SIZE	TBG. PRESS.	DAILY ALLOW. ABLE	LENGTH OF TEST HOURS	PROD. DURING TEST			GAS M.C.F.	GAS-OIL RATIO
		U	S	T	R							WATER BBL.S.	GRAV. OIL	OIL BBL.S.		
Martin	2	F	20	22-S	27-E	7-6-77	P	---	109	24	6	40.1	49	6	---	
Martin	3	K	20	22-S	27-E	7-6-77	P	---	57	24	6	40.0	39	TSTM	---	

RECEIVED
JUL 18 1977
O.C.G.
ARTERIA, OFFICE

No well will be assigned an allowable greater than the amount of oil produced on the official test.
 During gas-oil ratio test, each well shall be produced at a rate not exceeding the top unit allowable for the pool in which well is located by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance in order that well can be assigned increased allowables when authorized by the Commission.
 Gas volumes must be reported in MCF measured at a pressure base of 15.025 psia and a temperature of 60° F. Specific gravity base will be 0.60.
 Report casing pressure in lieu of tubing pressure for any well producing through casing.
 Mail original and one copy of this report to the district office of the New Mexico Oil Conservation Commission in accordance with Rule 301 and appropriate pool rules.

I hereby certify that the above information is true and complete to the best of my knowledge and belief.

[Signature]
 Production Accountant
 (Title)
 July 15, 1977
 (Date)

COPIES RECEIVED 4

DISTRIBUTION

DATE 1/1

G.S.

OFFICE

TRANSPORTER OIL 1 GAS

OPERATOR 1

OPERATION OFFICE

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

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

Belco Petroleum Corporation

10000 Old Katy Road, Suite 100, Houston, Texas 77055

Reason(s) for filing (Check proper box)

Well Change in Transporter of: Oil Dry Gas
 Completion Oil Casinghead Gas Condensate
 Change in Ownership

Other (Please explain)
 CASINGHEAD GAS MUST NOT BE FLARED AFTER 11-3-76 UNLESS AN EXCRETION TO Rule 306 IS OBTAINED
 Ed 2-184

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name Martin	Well No. 3	Pool Name, including Formation So. Carlsbad, Cherry Canyon (Delaware)	Kind of Lease State, Federal or Fee Fee	Lease No.
Unit Letter K	2310	Feet From The South	Line and 2000	Feet From The West
Line of Section 20	Township 22-S	Range 27-E	NMPM, Eddy	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
 Scurlock
 Address (Give address to which approved copy of this form is to be sent)
 1501 Houston Club Bldg, Houston, Texas 77001

Name of Authorized Transporter of Casinghead Gas or Dry Gas
 None
 Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids, give location of tanks.	Unit K	Sec. 20	Twp. 22-S	Rge. 27-E	Is gas actually connected? No	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)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 8-4-76	Date Compl. Ready to Prod. 9-1-76	Total Depth 3400'	P.B.T.D. 3400' 3399'					
Elevations (DF, RAB, RI, GR, etc.) 3137.5 GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 3266'	Tubing Depth 3296'					
Perforations 3266'-70'	Depth Casing Shoe 3399'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8"	427'	350
7 7/8"	5 1/2"	3399'	700
	2 3/8"	3296'	

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 9-3-76	Date of Test 9-7-76	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil-Bbls. 46	Water-Bbls. 6	Gas-MCF 11.6

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MACF	Gravity of Condensate 9-17-76
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Crayton Byrd
 Crayton Byrd
 Production Assistant
 (Signature)
 9-9-76
 (Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 14 1976

BY *W. A. Gressett*

TITLE SUPERVISOR, DISTRICT II

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.

Separate Forms C-104 must be filed for each pool in multiply

RECEIVED

NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG
SEP 10 1976

NO. OF COPIES RECEIVED	5
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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

1a. TYPE OF WELL
OIL WELL GAS WELL DRY OTHER _____

b. TYPE OF COMPLETION
NEW WELL WORK OVER DEEPEN PLUG BACK DIFF. RESVR. OTHER _____

7. Unit Agreement Name

8. Farm or Lease Name
Martin

2. Name of Operator
Balco Petroleum Corporation

9. Well No.
3

3. Address of Operator
P. O. Box 19234, Houston, Texas 77024

10. Field and Pool, or Wildcat
S. Carlsbad-Cherry Car

4. Location of Well
UNIT LETTER **K** LOCATED **2310** FEET FROM THE **South** LINE AND **2000** FEET FROM

12. County
Eddy

THE **West** LINE OF SEC. **20** TWP. **22S** RGE. **27E** NMPM

15. Date Spudded **8-4-76** 16. Date T.D. Reached **8-10-76** 17. Date Compl. (Ready to Prod.) **9-1-76** 18. Elevations (DF, RKB, RT, GR, etc.) **3137.5 GR** 19. Elev. Casinghead **3137.5 GR**

20. Total Depth **3400'** 21. Plug Back T.D. **3400' 3398'** 22. If Multiple Compl., How Many **--** 23. Intervals Drilled By Rotary Tools **0-3400'** Cable Tools **--**

24. Producing Interval(s), of this completion - Top, Bottom, Name
3266-70 Delaware Cherry Canyon

25. Was Directional Survey Made
No

26. Type Electric and Other Logs Run
Acoustic GR, Forxo-Guard

27. Was Well Cored
No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	24#	427'	11"	350 SCS	--
5 1/2"	17#	3399'	7 7/8"	700 SCS	--

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2 3/8" OD	3296	3109'

30. TUBING RECORD

31. Perforation Record (Interval, size and number)
3266'-70' 2/SPF, .25"

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
3266-70	Acidized w/1000 gal HCL w/60#
	L-41, 2 gal F-75 & 10 gal
	L-44

33. PRODUCTION

Date First Production **9-3-76** Production Method (Flowing, gas lift, pumping - Size and type pump) **Pumping on 1 1/2" Bottom hole pump** Well Status (Prod. or Shut-in) **Prod.**

Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
9-7-76	24	--	46	46	11.6	6	252

Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API (Corr.)
--	--	46	46	11.6	6	40

34. Disposition of Gas (Sold, used for fuel, vented, etc.)
vented

Test Witnessed By
Don Rutherford

35. List of Attachments
Deviation Survey; Acoustic GR Log; Forxo-Guard Log

36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED *C. W. Boyd* TITLE **Production Assistant** DATE **9-8-76**



DRILLING CO., INC. - OIL WELL DRILLING CONTRACTORS

KENNETH D. REYNOLDS - ARTESIA
LESLIE K. EVERTSON - ROSWELL

P. O. Box 2055 ROSWELL, NEW MEXICO 8820
TELEPHONES: ARTESIA 505/746-675
ROSWELL 505/623-5070

August 13, 1976

RECEIVED
AUG 23 1976
HOUSTON OFFICE

Belco Petroleum Corp.
411 Petroleum Bldg.
Midland, Texas 79701

Re: Martin #3

The following is a Deviation Survey of the above captioned well:

429' - 1/2	1356' - 3
800' - 2 3/4	1449' - 2 1/2
900' - 3 1/2	1574' - 3 1/4
984' - 4	1728' - 2
1046' - 4	1880' - 2
1109' - 3 3/4	2100' - 1 3/4
1170' - 3 3/4	2514' - 2
1232' - 3 3/4	3010' - 1 1/2
1296' - 3 1/2	3400' - 1 1/2

Yours very truly,

WEK DRILLING CO., INC.

Arnold Newkirk

STATE OF NEW MEXICO)
)
COUNTY OF CHAVES)

The foregoing was acknowledged before me this 13th
day of August, 1976 by Arnold Newkirk.

Notary Public

My Commission Expires:
5-16-79

RECEIVED

SEP 10 1976

C. D. E.
NOTARY PUBLIC

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OPERATOR	/

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NEW MEXICO OIL CONSERVATION COMMISSION

AUG 20 1976

O. C. C.
ARTESIA, OFFICE

Form C-101
Supersedes OLL
C-101 and C-101
Edition 1-1-65

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE MANUFACTURER FOR REQUEST OF FORMS C-101) FOR YOUR PROPOSALS.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Indicate Type of Lease Lease <input type="checkbox"/> <input checked="" type="checkbox"/>
2. Name of Operator BELCO PETROLEUM CORPORATION	8. Firm or Lease Name Martin
3. Address of Operator P. O. Box 19234, Houston, Texas 77024	9. Well No. 3
4. Location of Well UNIT LETTER K 2310 FEET FROM THE south LINE AND 2000 Undesig. FEET FROM THE west LINE, SECTION 20 TOWNSHIP 22S RANGE 27E NMPM.	10. Field and Pool, or Wildcat Carlsbac S. Cherry Canyon
15. Elevation (Show whether DF, RT, GR, etc.) 3137.5 GR	12. County Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1133.

8/10/76 Reached TD of 3400' at midnight-

8/11/76 Ran 95 jnts 5½" 17# J-55 csg. to 3398'; cmt w/500 scs lightweight Class "C" 50/50 Pozmix w/8#/sc D-44. Tailed in w/200 scs Class "C" 50/50 Pozmix w/8#/sc D-44. Total scs cmt:700. Top of cement @ 2020' by temp. survey; WCC 18+ hrs.

8/12/76 Released drilling rig; will wait on completion rig.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED: *R. M. King* TITLE: Administrative Geologist DATE: Aug. 18, 1976

APPROVED BY: *W. A. Gressett* TITLE: SUPERVISOR, DISTRICT II DATE: AUG 23 1976

CONDITIONS OF APPROVAL, IF ANY:

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NEW MEXICO OIL CONSERVATION COMMISSION
RECEIVED

JUL 2 1976

36-017-27858
Form O-101
REVISED 1-1-66

D. C. C.
PLUG BACK OFFICES

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name Martin	
2. Name of Operator BELCO PETROLEUM CORPORATION		9. Well No. 3	
3. Address of Operator P. O. Box 19234, Houston, Texas 77024		10. Field and Pool, or Wildcat S. Carlsbad Cherry Canyon	
4. Location of Well UNIT LETTER <u>K</u> LOCATED <u>2310</u> FEET FROM THE <u>south</u> LINE AND <u>2000</u> FEET FROM THE <u>west</u> LINE OF SEC. <u>20</u> TWP. <u>22S</u> RGE. <u>27E</u> N14MPM		12. County Eddy	
19. Proposed Depth 3400'		19A. Formation Cherry Canyon	20. Rotary or C.T. Rotary
21. Elevations (Show whether DE, RT, etc.) 3137.5 GR	21A. Kind & Status Plug. Bond Permanent	21B. Drilling Contractor Unknown	22. Approx. Date Work will start 7-19-76

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
11"	8-5/8"	24# API	400'	200	Surface
7-7/8"	5-1/2"	15.5#	3,400'	700	1,000'

BOP: 10" 900 ASC pipe rams and 1 set blind rams

Tests: 8-5/8" to ~~200#~~ **2000#**; 5-1/2" to 1000#

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED.
EXPIRES **10-2-76**

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM; IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed *Robert J. Spring* Title Administrative Geologist Date June 28, 1976

(This space for State Use)

APPROVED BY *Lelan Meemis* TITLE OIL AND GAS INSPECTOR DATE JUL 6 1976

CONDITIONS OF APPROVAL, IF ANY:

Minimum WCC time 1/8 hrs.

Cement must be circulated to surface behind 8 3/8 casing

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION AT

Form 1-19,
Superseded 6-12-68
Effective 1-1-65

All distances must be from the outer boundaries of the Section

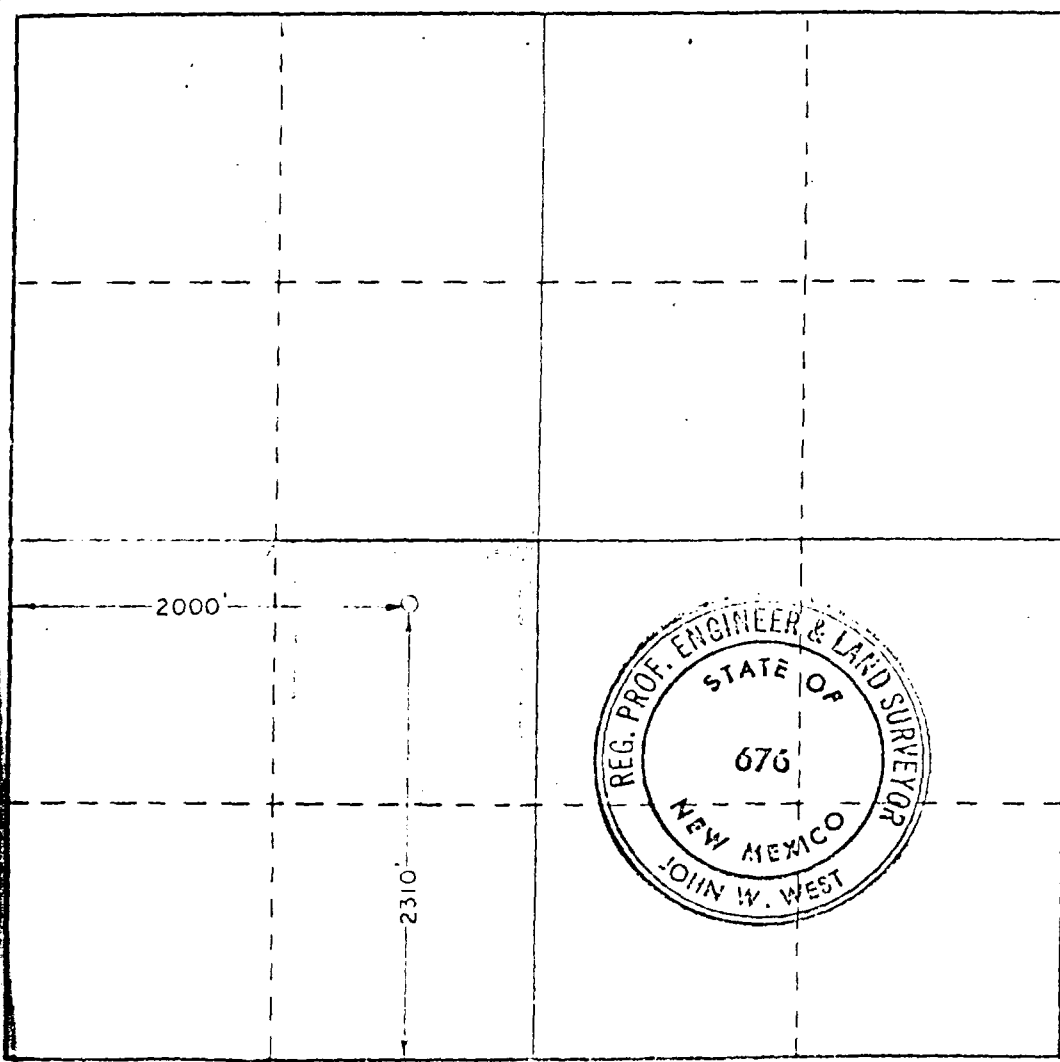
Operator BELCO PETROLEUM, CORP.		Lease Martin		Acres 3
Unit Letter K	Section 20	Township 22 South	Range 27 East	County Eddy
Actual Well Location of Well: 2310 feet from the south line and 2000 feet from the west line				
Ground Level Elev. 3137.5 GR	Producing Formation Cherry Canyon	Pool S. Carlsbad Cherry Canyon	Dedicated Acreage: 40 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

Yes No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief

John W. West
Name

Administrative Geologist
Position

BELCO PETROLEUM CORPORATION
Company

June 24, 1976
Date

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
June 18, 1976

Registered Professional Engineer and or Land Surveyor

John W. West
Certificate No. 676

