	NO. OF COPIES NECE									
	DISTRIBUTIO	N		NEW MEXICO OII		CONSERVATION MMISSION				
	SANTA FE					ALLOWABLE		Form C-1 Superand	04 es Old C-104 and C	
	FILE					AND			Ellective 1-1-65	
	U.S.G.S.		AUT	AUTHORIZATION TO T		RANSPORT-OIL AND NATURAL-O			.*	
	LAND OFFICE					RECEIVED BY				
	TRANSPORTER	OIL				· ·				
						MAR 24 1987				
_										
I.	PRORATION OFFICE				<u>O. C. D.</u>					
		0	1			ARTESI	A, OFFICE			
	Enron Oil & Gas Company 🗸									
	P. O. Box 2267, Midland, Texas 79702									
	Reason(s) for filing (C	Reason(s) for filing (Check proper box) Other (Please explain)								
	New We!1			in Transporter of:		Uther (Pleas	e explainj			
	Recompletion									
	Change In Ownership	Change in Ownership X Casinghead Gas Condensate								
	f change of ownership give name BelNorth Petroleum Corporation, Box 2267, Midland, Texas 79702									
II.	DESCRIPTION OF	ESCRIPTION OF WELL AND LEASE								
	Lease Name			. Pool Name, Including	Formation		Kind of Leas	e		
	Mastell a r B		1	1 Loco Hills Queen GBR SA State, Foder			^{n or Fee} Federal			
	Location		·····	<u>1 1000 11110 Q</u>		<u>, , , , , , , , , , , , , , , , , , , </u>	I	rederal	LC063621A	
	Unit Letter A	. 33	0 Feel F	rom The <u>north</u> L	1	990		onat		
		· <u></u>	reet r		.ine and		Feet From	The east		
	Line of Section	17 7	Cownship	18S Range	30E	, NMPM	t.	Eddy		
		-				7 1000		Luuy	County	
III .	III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS									
	Name of Authorized Tr	ansporter of C	or X or	Condensate		s (Give address)	to which appro	ved copy of this form	is to be sent)	
	<u>Navajo Pipeli</u>	<u>ne Compa</u>	ny		ſ					
	Name of Authorized Tro	me of Authorized Transporter of Casinghead Gas 🙀 or Dry Gas 🗔					Drawer 159, Artesia, NM 88210 Address (Give address to which approved copy of this form is to be sent)			
	Conoco Inc.					1214 N. East Side Dr., Wichita Falls, TX				
	If well produces oil or liquids, Unit Sec. Twp. P.ge.					actually connecte	ed? Who			
	give location of tanks.			17 18 30	Y	Yes				
1	If this production is c	ommingled v	with that from a	ny other lease or pool			i			
IV.	COMPLETION DAT	<u>`A</u>			, Erre con	minging order	number:			
.	Designate Type	Designate Type of Completion - (X)				11 Workover	Deepen	Plug Back Same	Res'v. Diff. Res'v.	
ļ			$\frac{100}{100} = (X)$		1	Ľ			l l	
	Date Spudied		Date Compl. Ready to Prod.		Total D	Total Depth		P.B.T.D.		
ļ		··								
	Elevations (DF, RKB, R	RT, GR, etc.j	Name of Prod	Name of Producing Formation		Top Oll/Gas Pay		Tubing Depth		
H	erforations									
	Perforations							Depth Casing Shoe	Depth Casing Shoe	
⊢								······································		
⊢	HOLE SIZ			TUBING, CASING, AN	ID CEMEN			1		
-		• •	CASINC	3 & TUBING SIZE		DEPTH SE	т	SACKSC		
F						<u> </u>		Post ID		
·	 			······································				3-27-5	<u>}</u>	
-		····					·	- che op.		
57 a		COUTET D								
	ILSI DATA AND A	T DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must WELL able for this depth or be for full 24 hours)								
		ate First New Cil Run To Tanks Date of Test					pump, gas liji	, etc.)		
							•			
	Length of Test		Tubing Press	170	Casing F)tessmte	·····	Choke Size		
					0				e	
	Actual Prod. During Tes	t	Oll-Bbla.		Water - B	bis.		Gan • MCF		
			1						ļ	
·						· · · · · · · · · · · · · · · · · · ·		d,		
G	AS WELL									
L L	Actual Prod. Test-MCF,	/D	Length of Tes	1	Bbls. Co	ndensate/MMCF	·	Gravity of Condenac	110	
								•		
	Feating Method (pitot, bo	ack pr.)	Tubing Pressu	ro(Shut-in)	Casing F	TABBURO (Shut-	in)	Choke Size		
L										
VI. C	ERTIFICATE OF C	OMPLIAN	CE			011 0	ONSERVAT	TION COMMISSI		
-		ereby certify that the rules and regulations of the Oil Conservation nmission have been complied with and that the information given					MAR 2 3	1014 CUMMISSI	UN .	
I	hereby certify that the								. 19	
C	ommission have been					Original Signed By				
at	above is true and complete to the best of my knowledge and belief.					Mike Williams				
	Bitty	Silla	~		11	This form is to be filed in compliance with RULE 1104.				
	Nury/	<u> </u>	<u> </u>					ble for a newly dri		
	(Signature) Betty Gildon, Regulatory Analyst (Title) 3/9/87 (Date)					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 ellow- able on new and recompleted wells.				
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_								III, and VI for ch		
		(Da	•• /		11 .		•		other such change of condition. filed for each pool in multiply	
					n 30	, i orma		the strop for marty	Fact to married	