

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

Form C-104
Revised 10-1-78

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OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY
FEB 12 1985
O. C. D.
ARTESIA, OFFICE

Operator 1-713-932-4700
BelNorth Petroleum Corporation
Address 10,000 Old Katy Rd; Houston, TX 77055
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)

If change of ownership give name
and address of previous owner

III. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Nelson Federal</u>	Well No. <u>8</u>	Pool Name, including Formation <u>Cedar Lake Morrow</u>	Kind of Lease State, Federal or Fee	Lease No. <u>01159</u>
Location Unit Letter <u>C</u> ; <u>774</u> Feet From The <u>North</u> Line and <u>2226</u> Feet From The <u>West</u> Line of Section <u>3</u> Township <u>18S</u> Range <u>30E</u> , NMPM, <u>Eddy</u> County				

IV. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Navajo Refining Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Drawer 159; Artesia, NM 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Phillips Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Penbrook St; Odessa, TX 79761</u>
If well produces oil or liquids, give location of tanks.	Unit <u>C</u> Sec. <u>3</u> Twp. <u>18</u> Rge. <u>30</u> Is gas actually connected? <u>yes</u> When <u>6-17-85</u>

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 <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 <u>1-17-84</u>	Date Compl. Ready to Prod. <u>3-2-84</u>	Total Depth <u>11,650</u>	P.B.T.D. <u>11,563</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3535.5' G.W.</u>	Name of Producing Formation <u>Morrow</u>	Top Oil/Gas Pay <u>11,475</u>	Tubing Depth <u>11,419</u>					
Perforations <u>11,475 - 11,491</u>			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2</u>	<u>13 3/8</u>	<u>498</u>	<u>525</u>
<u>11</u>	<u>8 5/8</u>	<u>3532</u>	<u>1250</u>
<u>7 7/8</u>	<u>4 1/2</u>	<u>11,650</u>	<u>670</u>
	<u>2 3/8</u>	<u>11,419</u>	

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	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 <u>ADF 1763 MCF</u>	Length of Test <u>24 hr.</u>	Bbls. Condensate/MMCF <u>49</u>	Gravity of Condensate <u>7</u>
Testing Method (pistol, back pr.)	Tubing Pressure (shut-in) <u>730</u>	Casing Pressure (shut-in) <u>Per.</u>	Choke Size <u>32/64</u>

VII. 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.

John Sexton

Prod Analyst (Title)

2-5-85 (Date)

OIL CONSERVATION DIVISION

APPROVED JUL 18 1985, 19

BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

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

