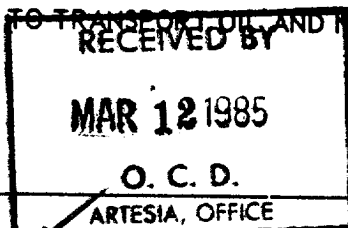


DISTRIBUTION			
ALTA FE		✓	
FILE		✓	✓
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	✓	
	GAS		
OPERATOR			✓
PRODUCTION OFFICE			

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-111
Effective 1-1-65



I. OPERATOR
BelNorth Petroleum Corporation
Address
One Petroleum Center, Building 6, Suite 201, 3300 N "A" Street Midland, Texas 79705
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)
CASINGHEAD GAS MUST NOT BE
FLARED AFTER 4-15-85
UNLESS AN EXCEPTION FROM
THE B. L. M. IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name Nelson "3" Federal	Well No. 9	Pool Name, including Formation Unders. Bone Spring	Kind of Lease State, Federal or Fee Federal	Lease No. NM-01159
Location Unit Letter J ; 1980 Feet From The South Line and 1980 Feet From The East Line of Section 3 Township 18-S Range 30-E , 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"/> Navajo Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159 Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Frank Phillips Building Bartlesville, OK 74004					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 3	Twp. 18-S	Rge. 30-E	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11-8-84	Date Compl. Ready to Prod. 2-27-85	Total Depth 11675	P.B.T.D. 8735					
Elevations (DF, RKB, RT, GR, etc.) GL 3555, KB 3574	Name of Producing Formation Bone Spring	Top Oil/Gas Pay 6874	Tubing Depth 6850					
Perforations 6874, 76, 78, 80, 82, 84, 86, 6901, 18, 23, 29, 36			Depth Casing Shoe 11672					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
20	16		483		625 sx Hi Early II			
14-3/4	10-3/4		3665		1775 sx Hi Early Lite			
7-7/8	5-1/2		11672		900 sx + 800 sx			
	2 3/8		6850		DV tool @ 7479'			

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 2-28-85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 120 psi	Casing Pressure 190 psi	Choke Size 1"
Actual Prod. During Test	Oil-Bble. 66	Water-Bble. 59	Gas-MCF 300

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. 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.

L. W. Helms, Jr.
(Signature)
Drilling Engineer
(Title)
March 8, 1985
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 15 1985, 19

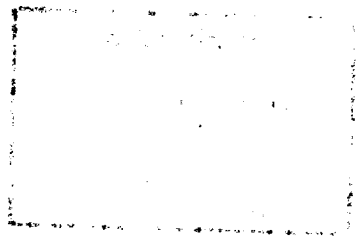
BY Original Signed By
Leslie A. Clements
TITLE Supervisor District II

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 multiple



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