

RECEIVED	
DISTRIBUTION	
DATE	1
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G.S.	
ND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
OPERATOR	1
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-110  
Effective 1-1-65

RECEIVED

SEP 27 1979

Operator Belco Petroleum Corporation		O.C.C. ARTEZIA, OFFICE	
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 type="checkbox"/>	Commingling Zones -	
Recompletion <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	Morrow Gas = 66%	
Change in Ownership <input type="checkbox"/>	Condensate <input type="checkbox"/>	Strawn Gas = 34%	
		Liquid Hydrocarbons 100% Strawn	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Union Mead Com	Well No. 1	Pool Name, including Formation Carlsbad So. (Morrow) Carlsbad (Strawn)	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter H; 1980 Feet From The North Line and 660 Feet From The East					
Line of Section 8 Township 22-S Range 27-E, NMPM, Eddy County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O.Box 1183, Houston, Texas 77001					
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) P. O. Box 1320, Hobbs, New Mexico 88240					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 8	Twp. 22-S	Rge. 27-E	Is gas actually connected? Yes	When 8/8/79

If this production is commingled with that from any other lease or pool, give commingling order number: R-5993 DHC

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)

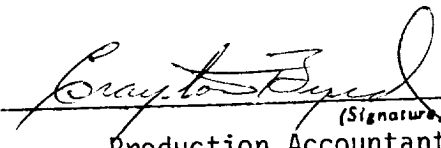
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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.

  
Crayton Byrd  
(Signature)  
Production Accountant  
(Title)

9/25/79

(Date)

OIL CONSERVATION COMMISSION  
SEP 28 1979

APPROVED

BY

  
SUPERVISOR, DISTRICT III

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 conditions.