		ſ			
	NO. OF COPIES RECEIVED				
ŀ	DISTRIBUTION SANTA FE	NEW MEXICO OIL CO			
	FILE U.S.G.S.	AUTHORIZATION TO TRAN	iA 12F		
-	TRANSPORTER GAS				
1.	OPERATOR				
	Belco Petroleum Corporation Address				
	P.O. Box 19234, Houston, Texas 77024 Reason(s) for filing (Check proper box)				
	New Well	Change in Transporter of: Oil Dry Gas			
	Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Condens			
;	If change of ownership give name and address of previous owner				
11.	DESCRIPTION OF WELL AND I	EASE. Well No. Fool Name, Including For	twa		
	Union Mead Com	1 Carlshad Straw			
	Unit Letter H : 19	80 Feet From The North Line			
	Line of Section 8 Tow	mahip 22-S Range 2	7=		
il.	DESIGNATION OF TRANSPORT	or Conder.sate	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	Summit Gas Company Name of Authorized Transporter of Cas	Inghead Gas or Dry Gas	Ac Ac		
	Llano, Inc.	Unit Sec. Twp. Pge.	Is		
	If well produces oil or liquids, give location of tanks.	H 8 22-S 27-E	Ļ		
٧.	If this production is commingled with COMPLETION DATA	th that from any other lease or pool, i	, Ne		
	Designate Type of Completion - (X)				
	Date Spudded	Date Compl. Ready to Prod.	T		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Т		
	Perforations	CASING AND			
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE			
			-		
			1		
41	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter		
Υ.	OIL WELL Date First New Oil Bun To Tanks	able for this de	pt h		
	Length of Test	Tubing Pressure	C		
	Actual Prod. During Test	Oil-Bbis.	٧		
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	E		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	\\ -\\		
.'1	CERTIFICATE OF COMPLIAN				
I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.					
	<i>7</i> .	Λ			

(Title)

(Date)

May 28,1976

ERVATION COMMISSION ALLOWABLE

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

FILE		AND		
U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL G	AS	
LAND OFFICE	_			
TRANSPORTER GAS				
PROPATION OFFICE				
Operator Belco Petroleum Cor	poration V			
Address 1000/	Towns 77024			
P.O. Box 19234, Hor Reason(s) for filing (Check proper box	dston, lexas //024	Other (Please explain)	/	
New Well	Change in Transporter of:	Other (Please explain)	V	
Recompletion	Oil Dry Gas			
Change in Ownership	Casinghead Gas Condens	sate []		
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	LEASE. Well No. Fool Name, Including Fo	ormation Kind of Lease	Lease No.	
Lease Name	1 Carlsbad Stray	State Federal	or Fee Fee	
Union Mead Com				
Unit Letter H : 1	980 Feet From The North Line	e and 660 Feet From T	The <u>East</u>	
Line of Section 8 To	ownship 22-S Range 2	7-Е , ммрм, Едо	dy County	
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GAS	S	delic form is to he sent!	
Name of Authorized Transporter of O	or Condensate X	Address (otte daniers in		
Summit Gas Company	asinghead Gas or Dry Gas	2510 W. Front St. Midl. Address (Give address to which appro-	ved copy of this form is to be sent)	
}	asinghedd Gds [] Or Dr.) Google	P.O. Box 1320, Hobbs, New Mexico 88240		
Llano, Inc.	Unit Sec. Twp. P.ge.	Is gas actually connected? Who	en	
If well produces oil or liquids, give location of tanks.	Н 8 22-5 27-Е	No Kan	1-12-16	
If this production is commingled v. COMPLETION DATA	vith that from any other lease or pool,	give commingling order number: New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Complet	. =			
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	forations		Depth Casing Shoe	
	TURNO CACINO ANI	D CEMENTING RECORD		
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
HOLE SIZE	CASINO U TODINO DALL			
		0.00	4-16	
		1 11	4	
	TOD AVY OWARY E (True must be a	ofter recovery of total volume of load of	l and must be equal to or exceed top allow	
. TEST DATA AND REQUEST OIL WELL	able for this de	epth.or be for full 24 hours;		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas I		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	OII-Bbis.	Water - Bbls.	Gas-MCF	
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size	
I. CERTIFICATE OF COMPLIA	ERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
		APPROVED JUL 1 4 1976		
m	nd regulations of the Oil Conservation d with and that the information given	APPROVED L. Call		
above is true and complete to	the best of my knowledge and belief.			
	\wedge	TITLE OIL AND GAS INST		
110	//	This form is to be filed in compliance with RULE 1104.		
Granton 1 Se	Crayton Byrd	If this is a request for allowable for a newly drilled or despens well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111. All sections of this form must be filled out completely for allowable to the section of the section of the form must be filled out completely for allowable to the section of the		
	ignature			
Production As	ssistant			

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 owns well name or number, or transporter, or other such change of conditi

Separate Forms C-104 must be filed for each ocol in mult