

NEW MEXICO  
OIL CONSERVATION DIVISION  
P. O. DRAWER DD  
ARTESIA, NEW MEXICO 88210

RECEIVED

AUG 31 1979

O.C.C.  
ARTESIA, OFFICE

NOTICE OF GAS DISCONNECTION

DATE AUGUST 28, 1979

THIS IS TO NOTIFY THE OIL CONSERVATION DIVISION THAT DISCONNECTION OF GAS FROM THE

BELCO PETROLEUM CORPORATION, UNION MEAD,  
OPERATOR LEASE

1 H, 8-22S-27E, ~~Carlsbad~~ Carlsbad Strawn,  
WELL-UNIT S-T-R POOL

Llano, Inc., WAS MADE ON August 8, 1979.  
NAME OF TRANSPORTER

LLANO'S STATION NUMBER

158

LLANO, INC.  
TRANSPORTER

*OlKlaar*  
REPRESENTATIVE

MANAGER OF PETROLEUM AND  
NATURAL GAS ENGINEERING  
TITLE

xc: To Oil Conservation Division P. O. Box 2088 Santa Fe, New Mexico 87501  
xc: To Operator

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
**RECEIVED**

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

SEP - 7 1976

NO. OF COPIES RECEIVED <u>5</u>	
DISTRIBUTION	
SANTA FE	/
FILE	/
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS /
OPERATOR	/
PRORATION OFFICE	

I. Operator Belco Petroleum Corporation **C. C. C. ARTESIA, OFFICE**

Address P. O. Box 19234, Houston, Texas 77024

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	<u>from Summit 12. 12.</u>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input checked="" type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>Union Mead Com</u>	<u>1-SE</u>	<u>Carlsbad Strawn Gas</u>	<u>State, Federal or Fee</u> <u>Fee</u>	
Location				
Unit Letter <u>H</u>	<u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u>			
Line of Section <u>8</u>	Township <u>22-S</u>	Range <u>27-E</u>	, NMPM, <u>Eddy</u> 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)					
<u>The Permian Corporation</u>	<u>P. O. Box 1183, Houston, Texas 77001</u>					
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)					
<u>Llano, Inc.</u>	<u>P. O. Box 1320, Hobbs, New Mexico 88240</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.	Is gas actually connected?	When
	<u>H</u>	<u>8</u>	<u>22-S</u>	<u>27-E</u>	<u>Yes</u>	<u>7-9-76 5:15 PM</u>

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	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 (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.

Crayton Byrd **Crayton Byrd**  
(Signature)  
Production Assistant  
(Title)  
9-2-76  
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 8 1976, 19\_\_\_\_  
BY W. A. Gressett  
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 name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multi-