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

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

RECEIVED BY
MAR 24 1987
O. C. D.
ARTESIA OFFICE

Operator
Enron Oil & Gas Company ✓
Address
P. O. Box 2267, Midland, Texas 79702

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)
Change Operator Name

If change of ownership give name and address of previous owner
Belco Development Corp., Box 2267, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Union Mead Com.** Well No. **2** Pool Name, Including Formation **S. Cortisbad Und. Morrow** Kind of Lease **State, Federal or Fee Fee** Lease No. **-**
Location
Unit Letter **N** ; **660** Feet From The **south** Line and **1880** Feet From The **west**
Line of Section **4** Township **22S** Range **27E** , NMPM, **Eddy** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
N/A Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas or Dry Gas
N/A Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
No **T. A. 10/6/73**

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 Rest'v. Diff. Rest'v.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, CR, 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
Part ID-3
3-27-87
chy ap

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.

Betty Gildon
(Signature)
Betty Gildon, Regulatory Analyst
(Title)
3/19/87
(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 23 1987**, 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 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.