B. Starts starts I B. Starts Are I B. Stare I B.
ANTA FE 1 IANTA FE 1 FILE 1 U.S.G.S. AND NEW MEXICO DIL CONSERVATION COM 10N Dem C-101 REQUEST FOR ALLOWABLE Main and the state of the state
U.S.G.S. AND AND Effective 1-1-65 U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS I. PRORATOR OPERATOR AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS P. O. Box 19234, Mouston, Texas RE C E I V E D OPERATOR OPERATOR AUG 1 3 1974 Address P. O. Box 19234, Mouston, Texas Transport of Address P. O. Box 19234, Mouston, Texas OTHOR Address of Devices one OFFICe. ARTESIA, OFFICe. Research I for Ing (Tark proper bac) Contrage in Transporter of: Other (Please explain) New weil Onemating give name Other (Please explain) Diffece. I. DESCRIPTION OF WELL AND LEAST: Item ond 330 Feet From The West Lower in Commander 23-S Range 30-E C NMO44 Unit Letter I. 2180 Feet From The South Line and 330 Feet From The West Line of Section The Address (Oue address to which approved copy of sits form is to be sensity Address (Gue address to which approved copy of sits form is to be sensity Met ed Address of Transporter of OIL AND NATURAL CAS Modess (Gue address to which approved copy of sits form is to be sensity
International and the spontage of the spontage
Image: Properties AUG 1 3 1974 Operator BELCO PETROLEUM CORPORATION One C.B. Address P. O. Box 19234, Mouston, Texas 77024 Ressen(s) for Ming (Check proper box) Chenge in Transporter of: Other (Please explain) Other (Please explain) Record of watership give name end eddress of previous owner Other (Please explain) Ease If Change of ownership give name end eddress of previous owner Vell No. Pool None, Including Pormation Kind of Lesse James Ranch Unit 4 Los Medanos (Motrow) State, Federal or Fee Federal NV044 Locetion Vell No. Pool None, Including Pormation Kind of Lesse Lesse NV044 Locetion Vell No. Pool None, Including Pormation Kind of Lesse Lesse Lesse Unit Letter L 2180 Fest From The South Line and 330 Fest From The West Line of Section 6 Township 23-5 Bange 30=E NMPM. Eddy Coc Neme of Authorized Transporter of OLI ON ATTICAL GAS Address (for eddress to which approved copy of this form is to be sent) The Permit Comporation P. O. Box 1183, Houston, Texas 77001 Mere Neme of Authorized Transporter of Cossinghed Gas or Dr
BELCO FETROLEUM CORPORATION D. C. C. Address P. O. Box 19234, Wouston, Texas 77024 ARTESIA, OFFICE Resson(s) for filing (Check proper box) Check in transporter of: Other (Please explain) New Well Checked in Transporter of: Other (Please explain) Recompletion Oil Dry Gas Other (Please explain) In DESCRIPTION OF WELL AND LEASE. Condensate [XX] Interest explain Lease James Ranch Unit 4 Los Medanos (Morrow) State, Federal or Fee Federal NV044 Lecenton Vell No., Pool None, Including Formation Kind of Lense Lease James Ranch Unit 4 Los Medanos (Morrow) State, Federal NV044 Lecenton Vell No., Pool Nane, Including Formation Kind of Lense Lease Line of Section 6 Township 23-S Range 30-E Feet From The West In DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS States (Give address to which approved copy of this form is to be sent) The Permian Corporation or Dry Gas Address (Give address to which approved copy of this form is to be sent) If well produces oil or liquids. Unit Sec. (Two, Fee. (Two, Give address to which approved copy of this form is to be sent)<
P. 0. Box 19234, Wouston, Texas 77024 ARTESIA OFFICE Reson(s) for filing (Check proper box) Chenge in Transporter of: Other (Please explain) New well Change in Ownership Chenge in Transporter of: Other (Please explain) Chenge in Ownership Casinghead Gas Dry Gas Condensate Difference If change of ownership Casinghead Gas Condensate XX Image: Casinghead Gas Image: Casinghead Gas </td
Resign(s) for filing (Check proper box) Other (Please explain) New Weil Other (Please explain) Recompletion Other (Please explain) Othership Condensate (X) If change in Ownership Casinghead Gas Change in Ownership Casinghead Gas Condensate (X) If change of ownership give name and address of previous owner II DESCRIPTION OF WELL AND LEASE: Lease Name Viel No., Pool Name, Including Formation James Ranch Unit 4 Loss Medanos (Morrow) State, Federal or Fee Feeleral Unit Letter L Line of Section 6 Township 23–S Range 30–E NMPM, Eddy Condensate XX Address (Give address to which approved copy of this form is to be sent) The Permian Corporation C condensate XX Name of Authorized Transporter of Otil or Condensate XX Address (Give address (Give address to which approved copy of this form is to be sent) Neme of Authorized Transporter of Campletad Gas or Condensate XX Neme of authorized Transporter of Campletad Gas or Condensate XX Neel perint of tark
Reconsistion Oil Dry Gas Change in Ownership Casinghead Gas Condensate XX If change of ownership give name end address of previous owner If change of ownership give name end address of previous owner Lesse II. DESCRIPTION OF WELL AND LEASF. Lesse Lesse Lesse Name James Ranch Unit 4 Los Medanos (Morrow) State, Federal or Fee Federal MM044 Unit Letter L 2180 Feet From The South Line and 330 Feet From The West Line of Section 6 Township 23–S Range 30=E NMPM, Eddy Could the form is to be sent/ The Permian Corporation ressection of Droy Gas 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 or Dry Gas Address (Give address to which approved copy of this form is to be sent/ Meet production of tarks. L 6 23–5 36–E Volume Appended Copy of this form is to be sent/ Meet production is commingled with that from any other Jease or pool, give commingling order number: Condensate Size or Dool, give commingling order number: COMPLETION DATA Designate
If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASF. Lease Name Well No. Pool Name, Including Formation James Ranch Unit 4 Los Medanos (Morrow) State, Federal or Fee Federal NM044 Lecation Unit Letter L Unit Letter L 2180 Feet From The South Line and 330 Feet From The West Line of Section II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Note of Authorized Transporter of Oil O or Condensate XX The Permian Corporation P. O. Box 1183, Houston, Texas 77001 Neme of Authorized Transporter of Casinghead Gas or of Y Gas Address (Give address to whick approved copy of this form is to be sent) // tweil produces oil or liguids, Unit is contrastive connected? When it is production is commingled with that from any other Jease or pool, give commingling order number: V. COMPLETION DATA V. COMPLETION DATA Date Compl. Ready to Prod. Total Depth Date Spudded Date Compl. Ready to Prod. Total Depth Dete Spudded Date Compl. Ready to Prod. Total Depth // two of Completion - (X) Oil Well Gas Well
II. DESCRIPTION OF WELL AND LEASF. Vell No. Pool Name, Including Formation Kind of Lease Lease James Ranch Unit 4 Los Medanos (Morrow) State, Federal or Fee Federal NM044 Location Unit Letter L 2180 Feet From The South Line and 330 Feet From The West Line of Section 6 Township 23-S Range 30-E NMPM, Eddy Could II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) The Permian Corporation P. O. Box 1183, Houston, Texas 77001 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) /
Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease James Ranch Unit 4 Los Medanos (Morrow) State, Federal or Fee Federal NM044 Location Unit Letter L 2180 Feet From The South Line and 330 Feet From The West Line of Section 6 Township 23-S Range 30-E in NMPM, Eddy Count I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate XX Address (Give address to which approved copy of this form is to be sent) The Permian Corporation P. 0. Box 1183, Houston, Texas 77001 Neme of Authorized Transporter of Casinghead Gis or Dry Gas Address (Give address to which approved copy of this form is to be sent) Neme of Authorized Transporter of Casinghead Gis or Dry Gas Address (Give address to which approved copy of this form is to be sent) If well produces oil or liquids, Unit Sec. // Twp. Pee. Is gas actually connected? When If this production is commingled with that from any other Jease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Net exet. Diff. R Designate Type of Comple
James Kanch Unit 4 Los Medanos (Morrow) State, Federal or Fee Federal NM044 Location Unit Letter L 2180 Feet From The South Line and 330 Feet From The West Line of Section 6 Township 23-S Range 30-E , NMPM, Eddy Count In DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate XX Address (Give address to which approved copy of this form is to be sent) Neme of Authorized Transporter of Crainghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Neme of Authorized Transporter of Crainghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Neme of Authorized Transporter of Crainghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) If well produces oil or liquida. Unit Sec. 'Two.' Page. Is gas actually connected? When If well production is commingled with that from eny other Jease or pool, give commingling order number: COMPLETION DATA P.E.T.D. Designate Type of Completion - (X) Oil Well Gas Well New Well Warkover Despen Plug Back
Line of Section 6 Township 23-S Range 20-E NMPM, Eddy Council 1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate XX Address (Give address to which approved copy of this form is to be sent) The Permian Corporation P. O. Box 1183, Houston, Texas 77001 Name of Authorized Transporter of Crainghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) If well produces oil or liquids, give location of tarks. L 6 23-S 30-E Vertex
1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate XX The Permian Corporation Name of Authorized Transporter of Casinghead Gas or Dory Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dory Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dory Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas Or Dory Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas Out of tarks. L 6 23-S 9-E Yes Yes If the production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Designate Type of Completion - (X) Oil Well Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, CR, etc., Name of Producing Formati
Name of Authorized Transporter of Oil or Condensate XX Address (Give address to which approved copy of this form is to be sent) The Permian Corporation P. O. Box 1183, Houston, Texas 77001 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) If well produces oil or liquids, Unit give location of tarks. L L 6 23-S Y c.c. Y Y give location of tarks. L Mate Same Restry. Diff. R Designate Type of Completion - (X) Oil Well Date Spudded Date Compl. Ready to Prod. Petforations P.E.T.D. Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation TUBING, CASING, AND CEMENTING RECORD Depth Casing Shoe HOLE SIZE CASING & TUBING SIZE
Name of Authorized Transporter of Oil or Condensate XX Address (Give address to which approved copy of this form is to be sent) The Permian Corporation P. O. Box 1183, Houston, Texas 77001 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Neme of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) If well produces oil or liquids, Unit give location of tarks. L L 6 23-S y c.c. If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Perforations P.E.T.D. Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation TUBING, CASING, AND CEMENTING RECORD Depth Casing Shoe HOLE SIZE CASING & TUBING SIZE
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) If well produces oil or liquids, qive location of tarks. Unit [Sec. / Twp. Pge.] Is gas actually connected? When If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res*v. Diff. R Date Spudded Date Compl. Ready to Prod. Total Depth P.E.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations UBING, CASING, AND CEMENTING RECORD Depth Casing Shoe Depth Casing Shoe
If well produces oil or liquids, give location of tarks. Unit Sec. Twp. Fge. Is gus actually connected? When If this production is commingled with that from any other lease or pool, give commingling order number: It this production is commingled with that from any other lease or pool, give commingling order number: It this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Resty. Diff. R Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Resty. Diff. R 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 Depth Casing Shoe
give location of tarks. L 6 23-S 30-E Complete Spectrum If this production is commingled with that from any other lease or pool, give commingling order number:
If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res*v. Diff. R Date Spudded Date Compl. Ready to Prod. Total Depth P.E.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe HOLE SIZE CASING, AND CEMENTING RECORD
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res*v. Diff. R Date Spudded Date Compl. Ready to Prod. Total Depth P.E.T.D. Elevations (DF, RKB, RT, CR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe HOLE SIZE Casing A TUBING, SIZE DEPTH Casing Size
Date Spudded Date Compl. Ready to Prod. Total Depth P.E.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD
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 A TUBING SIZE DEPEndent
Perforations
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & THRING SIZE
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top a able 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. Contenants Adv/CE
Testing Method (nites hash as)
CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION
I hereby certify that the rules and regulations of the Oil Conservation ^a Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
OIL AND 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 deeper
(Signature) grayton W. Byrd Production Assistant Well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.
(Title) All sections of this form must be filled out completely for all able on new and recompleted wells.
August 9, 1974 (Date) Fill out only Sections I. II. III, and VI for changes of own well name or number, or transporter, or other such change of conditions of the section