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DISTRIBUTION			4
SANTA FE	NEW MEXICO C	DIL CONSERVATION COMMISSION	Form C. Lt.
FILE	REQUI	EST FOR ALLOWABLE	 Form Colld Supersedes Old Collog and
U.S.G.5.		AND	Ellective 1-1-65
LAND OFFICE		TRANSPORT OIL AND NATURA	LGAS
TRANSPORTER OIL		RECEIVED BY	7
OPERATOR		ALCLIVED DI	
PRORATION OFFICE		MAR 24 1987	
Enron Oil & Gas C	ompany V	0. C. D.	
Address P. O. Box 2267 M	idland, Texas 79702	ARTESIA, CEFICE	
Reason(s) for Isling (Check proj		Other (Please explain)	
	Change in Transporter of:	Change Operat	or Name
Recompletion Change in Ownership X		ry Gas	••
If change of ownership size			
If change of ownership give n and address of previous owne	Belco Development Cor	p., Box 2267, Midland, Te	xas 79702
DESCRIPTION OF WELL		· · ·	· :
Lease Name	Well No. Pool Name, Including		ase Lease No
Hudson Federal Com	. 1 Los Medanos	(Atoka) State, Fed	eral or FooFederal NM05432
Unit Letter F :	1830 Feet From The north	Line and 1980	west
	0.22		
Line of Section 1	Township 23S Range	30Е, ммрм,	Eddy County
DESIGNATION OF TRANS	PORTER OF OIL AND NATURAL	GAS	
Neme of Authorized Transporter Enron Oil Trading	(AL) (Address (Give address to which app Box 20108, Shreveopor	roved copy of this form is to be sent)
Name of Authorized Transporter			roved copy of this form is to be sent)
Natural Gas Pipeli		Box 293, Houston, Texa	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege. F 1 23 30		When 8/16/74
If this production is commingle	ed with that from any other lease or po		
COMPLETION DATA	Oil Well Grs wel		Piug Back Same Besty, Diff. Best
Designate Type of Comp	oletion - (X)		Plug Back Same Res'v. Diff. Res'
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, e	tc., Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
Perforations			
			Depth Casing Shoe
		ND CEMENTING RECORD	· · · · · · · · · · · · · · · · · · ·
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			- Pr/ +0-5
			3-0221-82
TEET DATA AND BEOMES			chy LT: UPG
TEST DATA AND REQUES OIL WELL	able for this	e after recovery of total volume of load of depth or be for full 24 hours)	l and must be equal to or exceed top allo
Date First New Oil Run To Tank:	Date of Tost	Producing Method (Flow, pump, gas l	ift, etc.)
Length of Tust	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbis.		
Actual Pice, During 1980		Water - Bbls.	Gas - MCF
GAS WELL Actual Prod. Toot-MCF/D	Length of Test	Phile Conductory Addigon	·
		Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLI			
Contraction Contra		MAD o .	ATION COMMISSION
hereby certify that the rules a	nd regulations of the Oil Conservation d with and that the information given	APPROVED Iginal Signed	1987 , 19
bove is true and complete to	d with and that the information given the best of my knowledge and belief	ILBY WILLIAM	IS
\wedge		Oil & Gas Inspe	ect or
\mathbf{D} . \mathbf{V}			compliance with RULE 1104.
Betty Sel	don	If this is a request for allow	wable for a newly drilled or deepens:
Betty Gildon, Re	ignaiwe) Zulatory Analyst	well, this form must be accompa- tests taken on the well in acco	nied by a tabulation of the deviation nience with RULE 111.
ortaone ve	SALELULY MUZEVSI		

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Betty Gildon, Regulatory Analyst

STATE OF NEW MEXICO INERGY AND MINICRALS OFPARTMENT UILI RIPULION ANTA FE VILL RIPULION ANTA FE VILL RIPULION ANTA FE VILL VILL RIPULION COPERATON I. FROMATION OFFICE OPERATON OPERATON COPERATON COPERATON DECO DEVELOPMENT Address 10,000 Old Katy Re Reason(s) for filing (Check proper be New Well Recompletion Change in Ownership give name and address of previous owner	OIL CONSERV P. O. DP SANTA FE, NE REQUEST FC AUTHORIZATION TO TRANS Corporation d., Suite 100, Houston TX Change in Transporter of: OII Dry G	Other (Please explain)	RLCEIVers G104 JUN 22 1984 O. C. D. ARTESIA, OFFICE	
11. DESCRIPTION OF WELL AND	Vell No. Pool Name, Including	Formation Kind of Leas	e Lease No	
Hudson Federal Com	1 Los Medanos		al or Fee Federal	
	30 Feel From The <u>North</u> Li amship 23-S Range 31	ine and <u>1980</u> Feet From	The West	
L DESIGNATION OF TRANSPOL	RTER OF OIL AND NATURAL G	AS		
Nome of Authorized Transporter of C	11 or Condensate XX	Address (Give address to which appro	ved copy of this form is to be sent)	
UPG, Inc.		P. O. Box 3339, Abilene Address (Give address to which appro	, Texas 79604	
Name of Authorized Transporter of C				
Natural Gas Pipeline	Unit Sec. Twp. Rge.	P. O. Box 283, Houston, Is gas actually connected? Wh		
If well produces oil or liquids, give location of tanks.	F 1 23-S 30-E	Yes	8-16-74	
COMPLETION DATA Designate Type of Complet	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res P.B.T.D.	
Lievations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
	TUBING, CASING, AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		•		
. TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be a	ifter recovery of total volume of load oil	and must be equal to or exceed top all:	
OIL WELL	able for this de	epth or be for full 24 hours)		
Date First New Dil Run To Tanks	Date of Test	Producing Method (Flow, pump. gas li	port the s	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size Dia 11	
			Cale h'	
Actual Pred, During Test	Oil-Bble.	Water-Bbls.	Gas-MCF	
GAS WELL			·	
Aziual Prod. Teet-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
			Chaba Sia-	
Teeting Method (pirot, back pr.)	Tubing Presswe (Shut-in)	Cosing Pressure (fbut-in)	Choke Size	
I. CERTIFICATE OF COMPLIAN		DIL CONSERVAT	10N DIVISION 384	
Division have been complied with	regulations of the Oil Conservation and that the information given	Driginal Signed By		
above is true and complete to th	e best of my knowledge and belief.			
· 🔿 🔹 🧑	Λ	TITLE Superview Di	strigt #	
Jo linn Ka	1. al	This form is to be filed in c		
	14.1	If this is a request for allow	able for a newly drilled or deepen nied by a tabulation of the deviati	
Para T. Sign	10 A and and	tests taken on the well in accor	dance with RULE 111.	
	1 ountari	All sections of this form mu	at be filled out completely for allo	
1.113/84	,	able on new and recompleted we Fill out only Sections 1, 11	, III, and VI for changes of own- er, or other such change of conditio	
(D)	ale)	well name or number, or transport	er, or other such change of condition	
,		H Superate Forms C-104 must	t be filed for each pool in multip	

		• •••	مہ	
• 15	STATE OF NEW MEXICO ERGY AND MINERALS DEPARTMENT			Form C-104 Revised 10-1-78
	** ** ****** *******	OIL CONSERV	ATION DIVISION	RECEIVED BY
	(HATA IN MITHON	P, O, D(DX 2000	
	1ANIA 78	SANTA FE, NE	W MEXICO 87501	
	rite VV			FEB 0.2 ibo4
	LAND OFFICE	REQUEST FO	OR ALLOWABLE	O. C. D.
	INANSPORTER OIL V			ARTESIA, OFFICE
3.	PRONATION OFFICE		PORT OIL AND NATURAL GAS	
•••	Belco Development	Corporation		
	Address			
		d., Suite 100, Houston, Te		
	Reason(s) for Isling (Check proper bi New Well	ox; Change in Transporter of:	Other (Please explain)	
	Recompletion			
	Change in Ownership	Casinghead Gas Conde	insate (//)	
	If change of ownership give name and address of previous owner			
:.	DESCRIPTION OF WELL ANI	Well No. Foo. Name, Including F		
	Hudson Federal Co	m 1 Los Medanos (ALUKA State, Fer	deral or Foo Federal
	Location F 18	30 North	1980 ne and Feet Fr	west
	Unit Letter;;	23-5	30-F	Eddy
	Line of Section T	mship Range	, ммрм,	County County
. 	DESIGNATION OF TRANSPOL	RTER OF OIL AND NATURAL GA	AS	proved copy of this form is to be sent)
	Nome of Authorized Transporter of C Conoco Inc.	cr Condensate 🕅	P.O. Box 2587, Hobbs	
	Name of Authorized Transporter of C		Address (Give address to which ap	proved copy of this form is to be sent)
	Natural Gas Pipel	Ine Ut America	P.O. Box 283, Housto	when
	If well produces oil or liquids, give location of tanks.	F 1 23-S 30-E	yes	8/16/74
		with that from any other lease or pool,	give commingling order number:	
7.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Routy,
	Designate Type of Complet		Total Depth	P.B.T.D.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
	· · · · · · · · · · · · · · · · · · ·			
	101 E 5175	TUBING, CASING, AN	D CEMENTING RECORD	SACKS CEMENT
	HOLE SIZE			
		·		
·.	TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be o	ifter recovery of total volume of load enth or be for full 24 hours)	oil and must be equal to or exceed top allow
j	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	s lifi, etc.)
ļ			Casing Pressure	Choke Size
	Length of Test	Tubing Pressure		
	Actual Pred. During Test	Cil-Bble.	Water-Bbls.	Gas + MCF
ļ				
	GAS WELL			
	Actual Prod. Test+MCF/D	Longth of Tost	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitol, back pr.)	Tubing Pressure (Shut-12)	Casing Pressure (Sbot-in)	Choke Size
[ATION DIVISION
1.	CERTIFICATE OF COMPLIA!	NLE	EER 0 6	
I hereby certify that the rules and regulations of the Oll Conservation			APPROVED	1984
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY		
Jo hun Randell Jo Ann Randall			TITLE	s inspector
			This form is to be filed	in compliance with RULE 1104.
			If this is a request for allowable for a newly drilled or despined well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.	
	Production Accoun	tant	All sections of this form	must be filled out completely for allow-
	ری January 27, 1984	isla)	able on new and recompleted	. 11, 111, and VI for changes of owner.
	Junuary 21, 1904		II	some or other such change of condition

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DISFRIGUTION		ONEEDVATION COM		
SANTA FE. V		ONSERVATION COMM FOR ALLOWABLE	5510N	Form C+104 Superseiles (Nd C+114 und C+11
1 !!.E V V		AND		Effective 1-1-65
U.S.C.S.	AUTHORIZATION TO TRA	NSPORT OIL AND N	IATURAL CA	15
LAND OFFICE			-	
TRANSPORTER OIL V				
OPERATOR V				VED BY
PRORATION OFFICE			AUG	24 1983
	opment Corporation 🗸			
Address 10,000 01d k	(aty Rd. Ste. 100 Houston	. Texas 77055		. C. D. BIA, OFFICE
Reason(s) for tiling (Check proper box)		Other (Please		
New Well	Change in Transporter of			
Change In Ownership	Oil Dry Gas Casinghead Gas Jen	F I		
	les Detusloum Componstio	n 10 000 01d Ka	ty Dd Sta	100 Houston TV 77055
and address of previous owner	elco Petroleum Corporatio		Ly Ru. SLE	. 100 HOUS COIL, 1X 77055
DESCRIPTION OF WELL AND I	LEASE		Mar. 4 - 4	
Hudson Federal Com.	Well No. Pool Name, Including Fo LOS Medanos (Kind of Lease State, Federal of	crFee Federal Lease No.
Location		······································		I
• F 183	BO Feet From The North Line	• and	_ Feet From Th	west
Line of Section Tow	mahip 23-S Range 30	-Е , ммрм,	Eddy	County
		_		
DESIGNATION OF TRANSPORT	OF OIL AND NATURAL GA	S Address (Give address t	o which approve	d copy of this form is to be sent)
Independent Producers Ma	arketing Company	P. O. Box 1968		
Natural Gas Pipeline of	Inghead Gas or Dry Gas X: America	P. O. Box 283,		d copy of this form is to be sent) Texas 77001
	The Page	Is gas actually connecte	d? When	· · · · · · · · · · · · · · · · · · ·
If well produces oil or liquids, give location of tanks.	F 1 23-S 30-E	Yes		8-16-74
If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order	number:	
Designate Type of Completio	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completio	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.
				Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		tubing Depth
Perforations	L	<u></u>		Depth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECOR		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	1	SACKS CEMENT
		<u> </u>	İ	
TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a) able for this de	pth or be for full 24 hours)	nd must be equal to or exceed top allow-
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow	, pump, gas lift,	, etc.)
Length of Test	Tubing Preseure	Casing Pressure		Choke Size
				Gas-MCF XIP AV D
Actual Prod. During Test	Oll-Bbla.	Water - Bbla.		A Yo A
l	1		1	po a pa
GAS WELL	Length of Test	Bbla. Condensate/MMC	1	Gravity of Condenacte
Actual Prod. Test-MCF/D	Feudiu of tear			
Testing kiethod (pitot, back pr.)	Tubing Pressue (Shui-1u)	Casing Pressure (Shut	-in)	Choke Size
				TION COMMISSION
CERTIFICATE OF COMPLIANO	<u>مار</u>		AUG 2 5	
I hereby certify that the rules and a	APPROVED	and the second		
Commission have been complied w above is true and complete to the	BY	BY LARRY	BROOKS NMOCD	
$ \land \land \land \land$		TITLE	GEOLOGIST	
	JO ANN RANDALL	This form is to	be filed in co	ompliance with RULE 1104.
_ JU UNN NON/14	JU ANN KANDALL	1 11 11 - 6	he promotes	the for a newly diffied or deepened ied by a tabulation of the deviation incomplete a the RULE 111.
PRODUCTION	ACCOUNTANT	All sections of	this form mus	iance with RULE 111. t be filled out completely for allow-
AUGUST 15,		ble on novi and to	completed wel	HI. and VI for changes of owner,
A00001 103		H PHI OULORIY	···· · · · · · · · · · · · · ·	in some and the are of condition

AUGUST	15,	198

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NE	STATE OF NEW MEXICO RGY AND MINERALS DEPARTMENT	OIL CONSERVA	TION DIVIS N X 2088	Form C-104 Revised 10-1-78 RECEIVED		
	FAMIA / 8 7	MEXICO 87501	DEC 23 1991			
	U S.U.S.	REQUEST FOR		O. C. D.		
1.	104N5PORTER 045 / 045 / 04 / 045 /	AN AUTHORIZATION TO TRANSP		ARTESIA, OFFICE		
	BELCO PETROLEUM CO	RPORATION				
	Address 10,000 OLD KATY RO.	AD, SUITE 100 HOUSTON, T	EXAS 77055			
-	Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership		• Diher (Please explain) • NAME CHANGE OF CON	IDENSATE TRANSPORTER		
1	If change of ownership give name and address of previous owner					
Ţ.	DESCRIPTION OF WELL AND I	FASE Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.		
	HUDSON FEDERAL COM.	1 LOS MEDANOS (A	Sigta Federal	OF FOOF FEDERAL		
	Location Unit Letter_F: 1830	Feet From The <u>NORTH</u> Line	and <u>1980</u> Feet From T	Ne_WEST		
		mahip 23-S Range 3()-E , NMPM, EDDY	County		
	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address to which approv	ed conv of this form is to be sent)		
	Nome of Authorized Transporter of Cil INDEPENDENT PRODUCERS M	or Condensate XXI	P O BOX 1968 CASPER V	LYOMING 82602		
	Name of Authorized Transporter of Cas NATURAL GAS PIPELINE OF	inghead Gas 🔄 or Dry Gas 🦳	Address (Give address to which approv P.O. BOX 283 HOUSTON.	ed copy of this form is to be sent) FEXAS 77001		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n		
	cive location of tanks. If this production is commingled wit	<u>F</u> <u>1</u> <u>23-S</u> <u>30-E</u>		-16-74		
	If this production is commingled with COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Dill. Rostv		
	Designate Type of Completion - (X)			P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth			
	Llevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoe		
			CEMENTING RECORD	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	DEPTHSET			
				i		
	TEST DATA AND REQUEST FO	able for this de	fter recovery of total volume of load oil o pth or be for full 24 hours) Producing Method (Flow, pump, gas lif			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Fibm, Pamp, 203			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Aziual Pred, During Test	Oll-Bbls.	Water-Bbls.	Gas-MCF		
				2 Martin		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensute/MMCF	Gravity of Condensate		
	Teeting Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size		
,	CERTIFICATE OF COMPLIAN	<u> </u> CE	DIL CONSERVAT	ION DIVISION		
		•				
	I hereby certify that the rules and a Division have been complied with above is true and complete to the	and that the information siven				
			TITLE	AS INSPECTOR		
	O. P.	Jo ANN RANDALL	This form is to be filed in a If this is a request for allow	ust for a newly drilled or deepent		
		juure)	If this is a request for allowable to a hour, while the deviation well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111. All sections of this form must be filled out completely for allow			
	PRODUCTION ACCOUNTANT	ile)	il shis on new and recompleted we	181 m -		
	DICE BER 21, 1931	ste)	If walt name or number, or transport	., 111, and VI for changes of owns er, or other such change of conditio t be filled for each pool in multip		
			completed wells.			

MEXICO OIL CONSERVATION COMMIS

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C. 5F US65

Form C-102 Supersedes C-128 Effective 1-1-65

		N ME	ATION AN	D ACREAGE D	EDICATION PL	AT MAY 1	9 1980	Supersedes C-128 Effective 1-1-65
				om the outer bounds		O . C	. D	
Operator BELCO PETROLEUM	CORPORATI			Lease HUDSON FEI		ARTESIA		o.
Unit Letter Sect F	ion 1	Township 23–S		Range 30-E	County Eddy			
Actual Footage Location	of Well:	· · · · · · · · · · · · · · · · · · ·				. .		
1030	from the N Producing For	North	line and	1980 Pool	feet from the	West	line Dedicated Acr	eage:
Ground Level Elev:	Atoka	mation		Los Medanos	atoka		320.7	2 Acres
3,298.4 GR 1. Outline the ac		ited to the	subject we			marks on the	e plat below	·
 If more than control interest and ro If more than or 	ne lease is yalty).	dedicated	to the well	, outline each a	and identify the o	wnership th	ereof (both :	as to working
dated by comm	initization, 1	unitization, i	force-poolin	ng. etc?	Communitized			
this form if nec	essary.) ill be assign	ed to the we	ell until all	interests have	ave actually been been consolidate ng such interests	ed (by comm	nunitization	, unitization,
li					T		CERTIFICAT	กอที่
NM-02884-A		1830'				tained her		information con- I completé to the d belief.
	 - <u>+</u>					Nome		
1980'						Position Product Company	etroleum	rintendent Corporation
NM-0543280-A	 					shown on notes of under my is true a	this plat was p actual surveys supervision, a	he well location plotted from field made by me or nd that the same the best of my
	 			 		Date Survey		
	 	- And		1		Registered I and/or Land	Professional E I Surveyor	ngineer
0 330 660 '90	1320 1650 16	80, 2310 264	IQ 200	0 1500 100	00 5 00 0	Certificate]	No.	

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10000 Olc Katy Road Suite 100 Houston, Texas 77055 Telephone (713) 932-4700 Cable: BELPETEX

Belco Petroleum Corporation

RECEIVED

MAY 1 9 1980

O. C. D. ARTESIA, OFFICE

Belco

May 15, 1980

State of New Mexico Energy and Minerals Department Oil Conservation Division Artesia District Office

Attention: Mr. W. A. Gressett

RE: Hudson Federal Com Los Medanos Field Eddy Co., New Mexico

Dear Sir:

Attached are Forms C-102 on the above referenced well. If any additional information is required please send correspondence to the undersigned.

Yours very truly,

BELCO PETROLEUM CORPORATION

1. Hander

Carl M. Houser Production Superintendent

CMH/mfs Enclosures

B	NO. OF COPIES RECEIVED 5 DISTRIBUTION 5 SANTA FE 1 FILE 1 U.S.G.S. LAND OFFICE 01L 1 TRANSPORTER 01L 1 GAS 1 OPERATOR 1 PRORATION OFFICE 0 Operator 1 Belco Petrol 1 Corpor Address	REQUEST F	INSERVATION COMMISSION OR ALLOWABLE AND ISPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-110 Elfective 1-1-65 AS MAR 2 2 1976 D. C. C. ARTESIA, OFFICE		
	P.O. Box 19234 Housto Reason(s) for filing (Check proper box) New We!! Recompletion Change in Ownership If change of ownership give name and address of previous owner	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens		1-76 -		
	DESCRIPTION OF WELL AND L Lease Name Hudson Federal Com Location Unit Letter 183	1 Los Medanos (At	toka) State, Federal	cr Fee Federal		
111.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oll Summit Gas Company Name of Authorized Transporter of Cas Natural Gas Pipeline C	inghead Gas or Dry Gas X	2510 W. Front St. Midla Address (Give address to which approv	nd, Texas 79701 red copy of this form is to be sent) Texas 77001		
IV.	If well produces oil or liquids, give location of tanks. If this production is commingled wit COMPLETION DATA Designate Type of Completio Date Spudded	F 1 23-S 30-E h that from any other lease or pool, Cil Well Gas Well	Yes	8-14-74 Plug Back Same Res'v. Diff. Res'v. P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.) Perforations	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth Depth Casing Shoe		
	HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD			
v	TEST DATA AND REQUEST FOR OIL WELL Date First New Oil Run To Tanks	OR ALLOWABLE (Test must be a able for this de able for this de	fter recovery of total volume of load oil epth or be for full 24 hours) Producing Method (Flow, pump, gas li	and must be equal to or exceed top allow- ift, etc.)		
	Length of Test Actual Prod. During Test	Tubing Pressure Oil-Bbls.	Casing Pressure Water-Bbls.	Choke Size		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test Tubing Pressure (Shut-in)	Bbls. Condensate/MMCF Casing Pressure (Shut-in)	Gravity of Condensate Choke Size		
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) 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 gives above is true and complete to the best of my knowledge and belief Crayton Byrd (Signature) Production Assistant (Title)			OIL CONSERVATION COMMISSION MAR 29 1976 APPROVED BY			
	3-18-76)ate)	Fill out only Sections I.	II. III, and VI for changes of owner, orter, or other such change of condition. at be filed for each pool in multiply		