

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

DEC 30 1981

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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OPERATION	1
PERMITS OFFICE	

Operator

BELCO PETROLEUM CORPORATION

Address

10,000 OLD KATY ROAD, SUITE 100 HOUSTON, TEXAS 77055

Reason(s) for filing (Check proper box)

New Well ☐  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☒

Other (Please explain)

NAME CHANGE OF CONDENSATE TRANSPORTER

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name JARVIS MEAD COM.	Well No. 1	Pool Name, Including Formation SOUTH CARLSBAD MORROW, GAS	Kind of Lease State, Federal or Fee FEE	Lease No.
Location				
Unit Letter N ; 660 Feet From The SOUTH Line and 1980 Feet From The WEST				
Line of Section 5 Township 22-S Range 27-E, NMPM, EDDY County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> INDEPENDENT PRODUCERS MARKETING CO.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1968 CASPER, WYOMING 82602					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> LLANO, INC.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1320 HOBBS, NEW MEXICO 88240					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 5	Twp. 22-S	Rge. 27-E	Is gas actually connected? YES	When 7-12-76

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't.	Diff. Res't.
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

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

## CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*Jo Ann Randall*  
(Signature)  
PRODUCTION ACCOUNTANT

JO ANN RANDALL

(Title)

DECEMBER 21, 1981

(Date)

## OIL CONSERVATION DIVISION

APPROVED DEC 30 1981, 19

BY *Mike Williams*

TITLE 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 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 multiply completed wells.