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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 C-105
Effective 1-1-65

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JUL 15 1980

Operator BELCO PETROLEUM CORPORATION ✓		O. C. D. ARTESIA, OFFICE	
Address 10,000 OLD KATY RD., SUITE 100, HOUSTON, TEXAS 77055			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change In Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>		
Change In Ownership <input type="checkbox"/>			

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name DOUGLASS COMM.	Well No. 1	Pool Name, including Formation SO. CARLSBAD (MORROW)	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter H ; 2410 Feet From The North Line and 560 Feet From The EAST Line of Section 7 Township 22-S Range 27-E , NMPM, EDDY 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"/> NAVAJO CRUDE OIL PURCHASING COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. DRAWER 175, ARTESIA, NEW MEXICO 88210	
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 H Sec. 7 Twp. 22S Rge. 27E	Is gas actually connected? YES When 9-24-76

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. 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

VI. 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 (pistol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VII. 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.

Carl M. Houser mfs
(Signature)

PRODUCTION SUPERINTENDENT

OIL CONSERVATION COMMISSION

JUL 16 1980

APPROVED

BY

W. A. Gressett
SUPERVISOR, DISTRICT 4

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a new well, or deepening well, this form must be accompanied by a tabulation of production tests taken on the well in accordance with RULE 1101.

All operations of this form must be filed in the appropriate file.