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

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

SEP 13 1976

O. C. C.  
ARTESIA, OFFICE

Operator Belco Petroleum Corporation	
Address 10000 Old Katy Road, Suite 100, Houston, Texas 77055	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>11-3-76</u> ✓ UNLESS AN EXCEPTION TO <u>Rule 306</u> IS OBTAINED <u>EN 8-157</u>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner _____	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Martin	Well No. 3	Pool Name, Including Formation So. Carlsbad, Cherry Canyon ( <del>Delaware</del> )	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>K</u> ; <u>2310</u> Feet From The <u>South</u> Line and <u>2000</u> Feet From The <u>West</u> Line of Section <u>20</u> Township <u>22-S</u> Range <u>27-E</u> , NMPM, <u>Eddy</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Scurlock <u>oil</u>	Address (Give address to which approved copy of this form is to be sent) 1501 Houston Club Bldg, Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 K	Sec. 20
	Twp. 22-S	Rge. 27-E
	Is gas actually connected? No	
	When	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 8-4-76	Date Compl. Ready to Prod. 9-1-76		Total Depth 3400'		P.B.T.D. 3400'			
Elevations (DF, RKB, RT, GR, etc.) 3137.5 GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 3266'		Tubing Depth 3296'			
Perforations 3266'-70'					Depth Casing Shoe 3399'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8"		427'		350			
7 7/8"	5 1/2"		3399'		700			
	2 3/8"		3296'					

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 9-3-76	Date of Test 9-7-76	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil-Bbls. 46	Water-Bbls. 6	Gas-MCF 11.6

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate <u>50.2</u> <u>9-17-76</u>
Testing Method (pitot, 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.

Crayton Byrd  
(Signature)  
Production Assistant  
(Title)  
9-9-76  
(Date)

OIL CONSERVATION COMMISSION

SEP 14 1976  
APPROVED  
BY W. A. Grasset  
TITLE SUPERVISOR, DISTRICT II

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