| | HO. D. COPIER RECAIVED DISTRIBUTION SANTA FE | NEW MEXICO OIL CO REQUEST F | ONSERVATION COM JION FOR ALLOWABLE AND | Form C=104 Supersed\$\$ Old C=104 and C=11 Effective t=1=65 | | | | |
|-----|--|---|---|---|--|--|--|--|
| | U.S.G.S. | RECEIVED | | | | | | |
| | IRANSPORTER OIL GAS OPERATOR | | | APR 28 1980 | | | | |
| 1. | PRORATION OFFICE Operator | | | Q. C. D. | | | | |
| | BELCO PETROLEUM CORPORATION | | | | | | | |
| | 10,000 OLD KATY Reason(s) for filing (Check proper box) New Well XX Recompletion Change in Ownership | RD., SIJITE 100, HOUSTON, Change in Transporter of: Oil Dry Gas Castinghead Gas Conden | s | | | | | |
| | If change of ownership give name and address of previous owner | | | | | | | |
| | DESCRIPTION OF WELL AND I | EASE | Acception Kind of Lease | Lease No. | | | | |
| | Lease Name JAMES RANCH limit Location | 10 LOS MEDANOS (| ATOKA) State, Federa | FEDERAL 02884-B | | | | |
| | Unit Letter <u>H</u> ; <u>198</u> | O Fee: From The <u>NORTH</u> Line | | DY County | | | | |
| | Line of Section 1 Tow | nship 23-S Range | <u> 30-е</u> , ммрм, ер | | | | | |
| П. | DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil | CER OF OIL AND NATURAL GA | S Address (Give address to which approv | ved copy of this form is to be sent) | | | | |
| | SUMMIT TRANSPORTATION CO. | | P.O. BOX 6301 ATS MIDLAND, TEXAS 79701 Address (Give address to which approved copy of this form is to be sent) | | | | | |
| | Name of Authorized Transporter of Casinghead Gas or Dry Gas NATURAL GAS PIPELINE CO. OF AMERICA | | P.O. BOX 283, HOUSTON, TEXAS 77001 | | | | | |
| | If well produces oil or liquids, give location of tanks, H 1 23 30 | | Is gas actually connected? When YES APRIL 18, 1980 | | | | | |
| | If this production is commingled with that from any other lease or pool, give commingling order number: | | | | | | | |
| V. | Designate Type of Completion - (X) | | New Well Workover Deepen | Plug Back Same Hes'v. Diff. Res'v | | | | |
| | Date Spuddod JAN. 13, 1980 | Date Compl. Ready to Prod. APRIL 17, 1980 | Total Depth 14335 | 14288 | | | | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation ATOKA | Top Oil/Gas Pay 12,895 | Tubing Depth 12841 | | | | |
| | 3317 RKB ATOKA Perforations | | 12,000 | Depth Casing Shoe 14,334 | | | | |
| | 12,896-12,904 | TUBING, CASING, ANI | D CEMENTING RECORD | | | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | |
| | 18 ¹ 2 | 16" | 5353850 | 900 | | | | |
| | 14 3/4 | <u>11 3/4</u> 7 5/ 6 | 11800 | 1250 | | | | |
| | 97/8 | 5 | LINER 11,476-14,334 | 625 | | | | |
| v | 02 | | | | | | | |
| ۷. | OIL WELL able for this de Duite First New Oil Run To Tanks Date of Test | | Producing Method (Flow, pump, gas li | (i, etc.) | | | | |
| | Length of Test | Tubing Pressure | Casing Pressure | Choke Size | | | | |
| | Actual Prod. During Tool | Oil-Bbin. | Water-Bbls. | Gas-MCF ST | | | | |
| | | | | | | | | |
| | GAS WELL | | Bbls. Condenacte/MMCF | Gravity of Condenagte | | | | |
| | Actual Pred, Test-MCF/D | Length cf Test | 28 | 55.7 | | | | |
| | 3400 Teating Nethod (pitol, back pr.) | 24 HRS. Tubing Processie (Shuu-14) | Casing Pressure (Shut-in) | Choke Size 19/64" | | | | |
| | ORFICE METER | 2450 | 500 OIL CONSERV | ATION COMMISSION | | | | |
| 71. | . CERTIFICATE OF COMPLIANCE | | APPROVEDAPR 30 1980, 19 | | | | | |
| | 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. | | | | | | | |
| | | | SUPERVISOR DISTRICT N | | | | | |
| | | | TITLE | | | | | |
| | n nm 7/ | | This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly diffied or deepend to be a builded or deepend | | | | | |
| | - all the faith | | If this is a request for allowers to a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE, 111. | | | | | |
| | PRODUCTION SUPERINTE | NDENT | All sections of this form must be filled out completely for siles | | | | | |
| | (7) | ile) | eble on new and recompleted wells. Fill out only Southean I. II. III. and VI for changes of owner well name or number, or transporter, or other such change of condition | | | | | |
| | APRIL 22, 1980 | u(e) | woll name or number, or transporter, or other event | | | | | |

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APRIL 22, 1980 (Dute)

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