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DISTRIBUTION			
SANTA FE		NEW MEXICO OIL CONSERVATION COMMISSION	
FILE	Z	REQUEST FOR ALLOWABLE	
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS
TRANSPORTER OIL GAS			
PRORATION OFFICE		ر ⁽¹¹⁾ به محمد مراجع	
Operator	l	ARTEMA, OFFICE	
BELCO PETROLEUM COR	PORATION	ARIUDIA, OLINA	
10,000 OLD KATY RD. Reason(s) for filing (Check proper t	SUITE 100, HOUSTON, TEXA	S 77055 Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	OII Dry Go	15	
Change in Ownership	Casinghead Gas Conder	nsate	
If change of ownership give name and address of previous owner	·		-
. DESCRIPTION OF WELL AN			
CASSIDY COM	Well No. Pool Name, Including F		
	1 LOVING (NORTH) MORROW	ral or Fee FEE
Unit Letter E ; 19	980' Feet From The North Lir	ne and <u>660'</u> Feet From	n The West
Line of Section 29	Township T-23-S Range R	-28-E , NMPM, EDDY	County
L <u></u>	<u></u>		
Name of Authorized Transporter of	OII OF CONDENSATE		roved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas or Dry Gas X: EL PASO NATURAL GAS COMPANY		Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas 79978	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. E 29 23-S 28-E	Is as actually connected? When 23	
If this production is commingled COMPLETION DATA	with that from any other lease or pool,	give commingling order number:	
Designate Type of Comple	tion = (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv
Date Spuddod 8-3-80	Date Compl. Ready to Prod.	Total Depth 12,750	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation	Top Oll/Gas Pay	12,701 Tubing Depth
3,114.6 RKB	Morrow	12,138	12,085 Depth Casing Shoe
Perforations 12,216-26, 12,330-34	, & 12,337-38		
101 5 8175		D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	<u>оертн set</u> 400	750
14-3/4"	10-3/4"	2,410	2.175
9-7/8"	7-5/8"	9,670	1,530
6-1/2"	Liner 5" 9,250'-		
. TEST DATA AND REQUEST OIL WELL		fter recovery of total volume of load o. epth or be for full 24 hours)	il and must be equal to or exceed top allou
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 Print 8
			- 1.4-0
Actual Prod. During Test	Off-Bbis.	Water-Bbls.	Gas-MCF
GAS WELL			
Actual Prod. Tost-MCF/D 3,400	Length of Test 16 ¹ / ₃ hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Orifice Meter	4050	Pkr	12/64"
CERTIFICATE OF COMPLIA	NCE		ATION COMMISSION
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED JAN 0 5 1981 . 19	
	the best of my knowledge and belief.	BY	usset
		TITLE SUPERVISOR	
Mark M. Hanna		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened	
(Signature)		well, this form must be accomp	sanled by a tabulation of the deviation
PRODUCTION_SUPERINTE	NDENT		nust be filled out completely for allow
12-11-80		able on new and recompleted v Fill out only Sections I.	vells. 11. 111. and VI for changes of owner
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well number or number, or transporter, or other such changes of condition.

(Date)

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