

APR 30 1982

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.  
ARTESIA, OFFICE

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TRANSPORTER	OIL 7
	GAS 1
OPERATOR	1
PRODUCTION OFFICE	

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

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name JAMES RANCH UNIT	Well No. 11	Pool Name, Including Formation LOS MEDANOS	Kind of Lease State, Federal or Fee STATE	Lease No. E-5229
Location Unit Letter E : 920 Feet From The WEST Line and 1980 Feet From The NORTH				
Line of Section 36 Township 22-S Range 30-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"/> CONOCO INCORPORATED	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2587, HOBBS NEW MEXICO 88240					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> NATURAL GAS PIPELINE CO. OF AMERICA	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 283, HOUSTON, TEXAS 77001					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 36	Twp. 22-S	Rge. 30-E	Is gas actually connected? YES	When 5-27-81

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'v.	Diff. Res'
		X						
Date Spudded 9-19-80	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RAB, 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 (shot-in)	Casing Pressure (shot-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.

Carl M. House  
(Signature)  
PRODUCTION SUPERINTENDENT  
(Title)  
APRIL, 26, 1982  
(Date)

OIL CONSERVATION DIVISION

APPROVED W. A. Gresset 19  
BY W. A. Gresset  
SUPERVISOR, DISTRICT II  
TITLE

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 deviated tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of own- well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multi- completed wells.