

| | | |
|------------------------|-----|---|
| NO. OF COPIES RECEIVED | | |
| DISTRIBUTION | | |
| SANTA FE | | ✓ |
| FILE | | ✓ |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | ✓ |
| | GAS | ✓ |
| OPERATOR | | ✓ |
| PRODUCTION OFFICE | | |

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

Form C-104
Supersedes OLC-104 and C-11
RECEIVED BY
AUG 24 1983
O. C. D.
ARTESIA, OFFICE

| | |
|---|---|
| Operator Belco Development Corporation ✓ | |
| Address 10,000 Old Katy Rd. Ste. 100, Houston, Tx. 77055 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input type="checkbox"/> | Change in Transporter of <input type="checkbox"/> |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name and address of previous owner Belco Petroleum Corporation 10,000 Old Katy Rd. Ste. 100 Houston, TX. 77055

| | | | | |
|--|----------------|---|--|---------------------|
| DESCRIPTION OF WELL AND LEASE | | | | |
| Lease Name James Ranch Unit | Well No. 11 | Pool Name, including Formation Los Medanos (Atoka) | 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 | | | | |

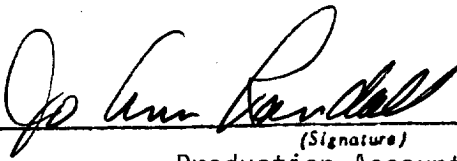
| | | | | | | |
|---|---|------------|--------------|--------------|-----------------------------------|-----------------|
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | | | | |
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> 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, TX 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 <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input 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 | 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 |
| | | | |
| | | | |
| | | | |

| | | | |
|--|-----------------|---|------------|
| 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-Bble. | Water-Bble. | Gas-MCF |

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| GAS WELL | | | |
| Actual Prod. Test-MCF/D | Length of Test | Bble. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

| | |
|--|--|
| 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. | |
|  JO ANN RANDALL (Signature) Production Accountant (Title) August 15, 1983 | |

| | |
|--|--|
| OIL CONSERVATION COMMISSION | |
| APPROVED | AUG 25 1983 |
| BY | ORIGINAL SIGNED BY LARRY BROOKS GEOLOGIST - NMOC |
| 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 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, or other such changes of condition. | |