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DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMILJION Form C+104		
SANTA FE	REQUEST	FOR ALLOWABLE	Superardy OULC
U.S.G.S.	AUTHORIZATION TO TR	AND ANSPORT OIL AND NATURAL	
LAND OFFICE			
TRANSPORTER OIL		•	
GAS V OPERATOR			O. C. D.
PRORATION OFFICE		(FA	RESIA, OFFICE
Operator BELCO DEVELOPMENT C	OPPOPATION		
Address	JAP URATION	······································	
10,000 Old Katy Rd.	Suite 100, Houston, Texas	77055	
Reason(s) for filing (Check proper		Other (Please explain)	
New Well A Recompletion	Change in Transporter of: Oil Dry Ga		
Change in Ownership	Casinghead Gas Conder	<b>F</b> 1	
If change of ownership give nam			
and address of previous owner_		·	
I. DESCRIPTION OF WELL A	VD LEASE		
Lesse Name James Ranch Unit	Well No. Pool Name, Including F		
	14 Los Medanos <del>3</del>	Morrow State, Fed	eral or Fee Federal NM
Unit Letter BC;	1980' West 1980' Feet From The West Lir	100' ne and <u>660'</u> Feet Fro	south, Sec. 6 m The north, Sec. 7
Line of Section	Township 23S Range 3	1E , NMPM, Eddy	
المستحد المحال المستحد والمتكلمية المراجع فيرغب المستحدة	ORTER OF OIL AND NATURAL GA		
Name of Authorized Transporter of Conoco Inc.	Oil of Condensate X	Address (Give address to which app	
Nome of Authorized Transporter of	Casinghead Gas or Dry Gas X	P.O. Box 2587, Hobbs Address (Give address to which app	New Mexico 88240 proved copy of this form is to be
Natural Gas Pipeline		Box 283, Houston, Tex	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When
give location of tanks.	B 7 23S 31E	No Vac	12-15-32
If this production is commingled V. COMPLETION DATA	with that from any other lease or pool,	give commingling order number:	
Designate Type of Compl	etion - (X)	New Well Workover Deepen	Plug Back Same Hest
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
4/6/83	8/20/83	14,640	14,597
Elevations (DF, RKB, RT, GR, etc 3320 KB		Top Oil/Gas Pay	Tubing Depth
Perforations	Morrow	14,139	 Depth Casing Shoe
14,139 -	14,202		12,058
	TUBING, CASING, AND	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
175"	<u>20"</u> 13 3/8"	<u> </u>	<u> </u>
9 7/8"	7 5/8"	12.058	<b>1st.</b> 700- 2nd 100'
V. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load o opth or be for full 24 hours)	il and must be equal to or excus
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lijt, etc.)
	Tubing Deserves	Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Arotuń Liesamo	CHURT GITE
Actual Prod. During Teet	Oil-Bbie.	Water-Bbls.	Gas - MCF
L			
CAS WELT			
GAS WELL Actual Fred, Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condenacte
2657	4 hrs.	-0-	NA
Testing Method (pilot, back pr.) Back Pressure Test	Tubing Pressue (Shuu-iu) 4950	Casing Pressure (Shut-in) PKR	Choke Size
I. CERTIFICATE OF COMPLI		A	16/64 ATION COMMISSION
I. CERTIFICATE OF COMPLIA		11	
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 beat of my knowledge and belief.		APPROVED DEC. 1.9.1983	
		BY Inslie A. Clements	
		BY Leslie A. Clements Supervisor District II	
		THE form is to be filed in compliance with NULE 11.	
		If this is a request for allowable for a newly defliciter	
(Signature)		well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.	
Production Accountant		All sections of this form must be filled out completely	
9/9/83	(Tule)	eble on new and recompleted	vielle.
(Date)		Fill out only Sections I, II, III, and VI for charges, well name or number, or transporter, or other such change of .	