

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501RECEIVED Form C-104
Revised 11-81

JUN 22 1984

O. C. D.
ARTESIA, NMREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	
Operator Belco Development 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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name James Ranch Unit	Well No. 14	Pool Name, including Formation Los Medanos (Atoka) Morrow	Kind of Lease State, Federal or Fee Federal
Location Sec. 6 N 34 E S-1980 Unit 14 C B H-1980	West Feet From The West Line and 660	100 Feet From The North, Sec.	
Line of Section 10	Township 23-S	Range 31-E	NMPM, Eddy

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
UPG, Inc.	P. O. Box 3339, Abilene, TX 79604
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Natural Gas Pipeline of America	P. O. Box 283, Houston, Texas 77001
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
B 7 23S 31E	NO 4/16 12/15/83

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same as
		X					
Date Spudded 4/6/83	Date Compl. Ready to Prod. 8/20/83	Total Depth 14,640	P.B.T.D. 14,597				
Elevations (DF, RKB, RT, GR, etc.) 3320 KB	Name of Producing Formation Morrow	Top Oil/Gas Pay 14,139	Tubing Depth 14,020				
Perforations 14,139-14,202			Depth Casing Shoe 12,058				
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
26"	20"	595	1150				
17 1/2"	13-3/8"	3930	4450				
9-7/8"	7-5/8"	12,058	1st. 700 - 2nd				

V. 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 greater than the volume of oil lost to the formation 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.)	
		Flow	
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 2657	Length of Test 4 Hrs	Bbls. Condensate/MMCF -0-	Gravity of Condensate NA
Testing Method (pilot, back pr.) Back Pressure Test	Tubing Pressure (Shut-in) 4950	Casing Pressure (Shut-in) PKR	Choke Size 16/64

VI. 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.

Joanna Randall
(Signature)
Production Accountant
(Title)
6/13/84
(Date)

OIL CONSERVATION DIVISION

JUN 25 1984

APPROVED _____

BY _____

Original Signed By

Leslie A. Clements

TITLE _____

Supervisor District II

This form is to be filed in compliance with RULE 11.
If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 11.

All sections of this form must be filled out completely on new and recompleted wells.

Fill out only Sections I, II, III, and VI for change of well name or number, or transporter, or other such change.
Separate Forms C-104 must be filed for each well.