

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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JUN 23 1986

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Ray Westall	
Address P.O. Box 4 Loco Hills, New Mexico 88255	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Notification of gas hook-up
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Belco	Well No. 1	Pool Name, including Formation South Loving Delaware	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter E	: 660	Feet From The West	Line and 2200	Feet From The North
Line of Section 20	Township 23S	Range 28E	, NMPM, Eddy County	

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)
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline Company	P.O. Box 2521 Houston, Texas 77001
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit Sec. Twp. Rge. E 28 23 28	Yes 6-20-86

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

Ray Westall
(Signature)
Operator
(Title)
6-20-86
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 26 1986, 19

BY Original Signed By

Les A. Clements

TITLE Supervisor District 11

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 name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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				

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 (Shut-in)	Casing Pressure (Shut-in)	Choke Size

WARRANTY OF WORKMANSHIP

WARRANTY OF WORKMANSHIP

THE WORKMANSHIP OF THE CONTRACTOR SHALL BE GUARANTEED FOR A PERIOD OF ONE YEAR FROM THE DATE OF COMPLETION OF THE WORK. IF THE CONTRACTOR IS NOT SATISFIED WITH THE WORKMANSHIP OF THE CONTRACTOR, HE SHALL BE RESPONSIBLE FOR THE REPAIR AND REWORK OF THE WORK AT HIS OWN EXPENSE. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF THE WORK AND THE EQUIPMENT THEREON. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE SAFETY OF THE WORK AND THE EQUIPMENT THEREON. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE MAINTENANCE OF THE WORK AND THE EQUIPMENT THEREON. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE REPAIR AND REWORK OF THE WORK AT HIS OWN EXPENSE. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF THE WORK AND THE EQUIPMENT THEREON. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE SAFETY OF THE WORK AND THE EQUIPMENT THEREON. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE MAINTENANCE OF THE WORK AND THE EQUIPMENT THEREON.

NOTICE: The Contractor shall be responsible for the safety of the work and the equipment thereon. The Contractor shall be responsible for the maintenance of the work and the equipment thereon. The Contractor shall be responsible for the repair and rework of the work at his own expense. The Contractor shall be responsible for the protection of the work and the equipment thereon. The Contractor shall be responsible for the safety of the work and the equipment thereon. The Contractor shall be responsible for the maintenance of the work and the equipment thereon. The Contractor shall be responsible for the repair and rework of the work at his own expense. The Contractor shall be responsible for the protection of the work and the equipment thereon.