

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR	
TRANSPORTER	OIL GAS
OPERATION	
PRODUCTION OFFICE	

Operator **BELCO DEVELOPMENT CORP.**

Address **10000 OLD KATY RD. HOUSTON, TEXAS 77055**

Reason(s) for filing (check proper box) Other (Please explain)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name C. E. BROOKS	Well No., Pool Name, including formation 1 SOUTH KNOWLES (DEVONIAN)	Kind of Lease State, Federal or Free FEE
Location Unit Letter L , 1980 Feet From The SOUTH Line and 660 Feet From The WEST	Line of Section 18 Township 17S Range 39E , NMPM, LEA County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> TESORO CRUDE OIL	Address (Give address to which approved copy of this form is to be sent) 0. O. BOX 2297 MIDLAND, TEXAS 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS PETROLEUM COMPANY	Address (Give address to which approved copy of this form is to be sent) 1160 ADAMS BLDG. BARTLESVILLE, OKLAHOMA 74004
If well produces oil or liquids, give location of tanks. Unit L Sec. 18 Twp. 17S Rge. 39E	Is gas actually connected? YES When 4/1/84

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 checked="" 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 Reary <input type="checkbox"/> Diff. Reary <input type="checkbox"/>
Date Spudded 11/21/83	Date Compl. Ready to Prod. 1/21/84
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
Perforations 12037-51'	Top Oil/Gas Pay 12,037
	Tubing Depth 11,800
	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)

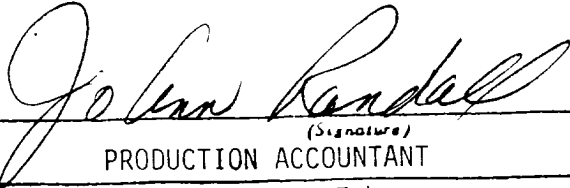
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
		Gas-MCF

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

I. 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.


(Signature)
PRODUCTION ACCOUNTANT
(Title)
4/2/84
(Date)

OIL CONSERVATION DIVISION
APPROVED **APR 6 1984**, 19_____
BY _____
ORIGINAL SIGNED BY JERRY SEXTON
TITLE **DISTRICT I SUPERVISOR**

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

RECEIVED

APR 5 1984

O.C.D.
HOBSB OFFICE