

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. Operator  
**Belco Petroleum Corporation**  
Address  
**2000 Wilco Building, Midland, Texas 79701**  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
**CASINGHEAD GAS MUST NOT BE  
PLUMBED AFTER 12/1/72  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.**

If change of ownership give name  
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL  
DESIGNATED BELOW. IF YOU DO NOT CONCUR  
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Read &amp; Stevens State</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Flying "M" (San Andres)</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>L-191</b>
Location Unit Letter <b>D</b> ; <b>660</b> Feet From The <b>North</b> Line and <b>660</b> Feet From The <b>West</b> Line of Section <b>5</b> Township <b>10-S</b> Range <b>33-E</b> , NMPM, <b>Lea</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>The Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1183, Houston, Texas 77001</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>None</b>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					<b>No</b>	

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>7-19-72</b>	Date Compl. Ready to Prod. <b>9-14-72</b>	Total Depth <b>9142'</b>	P.B.T.D. <b>4500'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>4220' GR</b>	Name of Producing Formation <b>San Andres</b>	Top Oil/Gas Pay <b>4298'</b>	Tubing Depth <b>4500'</b>					
Perforations <b>4298' to 4304' and 4314' to 4319'</b>			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>17-1/2"</b>	<b>12-3/4"</b>	<b>379'</b>	<b>360 sx.</b>
<b>11"</b>	<b>8-5/8"</b>	<b>3632'</b>	<b>400 sx.</b>
<b>7-7/8"</b>	<b>4-1/2"</b>	<b>4500'</b>	<b>250 sx.</b>
<b>7-7/8"</b>	<b>2-3/8"</b>	<b>4500'</b>	

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 exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <b>8-26-72</b>	Date of Test <b>9-14-72</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>--</b>	Casing Pressure <b>25#</b>	Choke Size <b>--</b>
Actual Prod. During Test	Oil - Bbls. <b>41</b>	Water - Bbls. <b>10</b>	Gas - MCF <b>TSTM</b>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. 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.

Glenn Cope  
(Signature)  
**Glenn Cope**  
District Engineer  
(Title)  
**September 15, 1972**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 18 1972**, 19\_\_\_\_  
BY [Signature]  
TITLE **SUPERVISOR DISTRICT I**

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.

SEP 13 1972

RECEIVED

SEP 13 1972

OIL CONSERVATION COMMISSION  
HOUSTON, TEXAS