

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

Operator BELCO PETROLEUM CORPORATION	
Address 10000 OLD KATY RD., STE. 100, HOUSTON, TEXAS 77055	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" 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 type="checkbox"/>
UNOBTAINED	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name CAUDILL State	Well No. 1	Pool Name, Including Formation DEAN (DEVONIAN)	Kind of Lease State, Federal or Fee	Lease No. State
Location				
Unit Letter K : 1660 Feet From The SOUTH Line and 1660 Feet From The WEST				
Line of Section 26 Township 15-S Range 36-E, NMPM, LEA 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"/>	Address (Give address to which approved copy of this form is to be sent)
NAVAJO CRUDE OIL PURCHASING CO.	P. O. DRAWER 175 ARTESIA, NM 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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
	K 26 15-S 36-E NO

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 <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 10-22-81	Date Compl. Ready to Prod. 1/16/82	Total Depth 13,780'	P.B.T.D. 13,750'
Elevations (DF, RKB, RT, GR, etc.) 3883 KB	Name of Producing Formation DEVONIAN	Top Oil/Gas Pay 13,713'	Tubing Depth 13,450'
Perforations 13,730-40' & 13,743' - 48'			Depth Casing Shoe 13,780'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	420'	450
12-1/4	9-5/8	4981'	
8-3/4	5-1/2	13,780'	1950
	2-3/8 OD EUE	13,450'	

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)

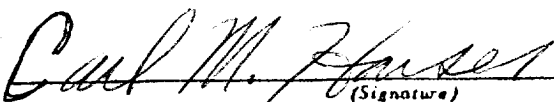
Date First New Oil Run To Tanks 1/16/82	Date of Test 1/20/82	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 9 hrs.	Tubing Pressure 0	Casing Pressure Pkr.	Choke Size 3/4
Actual Prod. During Test 143	Oil-Bbls. 143	Water-Bbls. 103	Gas-MCF TSTM

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

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.

Production Superintendent
(Title)1/26/82
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 29 1982, 19

BY Eric Signed By

Jerry Sexton

TITLE Dist 1, Supv.

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 deviated 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 multiple completed wells.