

## OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES SUBMITTED	
DISTRICT	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

Operator  
BelNorth Development CorporationAddress  
P. O. Box 2267, Midland, Texas 79702

Reason(s) for filing (Check proper box)

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

Other (Please explain)

B.L.M.

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.

## DESCRIPTION OF WELL AND LEASE

Lease Name Uncle Sam 25 Fed. Com.	Well No. 1	Pool Name, including Formation Querecho Plains Upper B.S.	Kind of Lease State, Federal or Fee Federal	Lease No. NM 45225
Location				
Unit Letter L	1980	Feet From The south	Line and 660	Feet From The west
Line of Section 25	Township 18S	Range 32E	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"/> UPG Falco, A Division of UPG, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 20108, Shreveport, Louisiana 71120	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None at present - negotiations in progress	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 L	Sec. 25
	Twp. 18S	Rge. 32E
	Is gas actually connected? No	
	When	

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded 12-3-83	Date Compl. Ready to Prod. 3-7-86	Total Depth 13750'	P.B.T.D. 8777'					
Elevations (DF, RKB, RT, GR, etc.) 3754.4' GR	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 8604'	Tubing Depth 2-7/8" @ 8710'					
Perforations 8604 to 8644	Depth Casing Shoe 13747'							

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	492'	550 C1 C
11"	3-5/8"	4539' DV Tool @ 1407'	1320 lite
7-7/8"	5-1/2"	13747'	500 C1 H

## 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 3-8-86	Date of Test 3-10-86	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure Sealed	Choke Size -
Actual Prod. During Test	Oil-Bbls. 102	Water-Bbls. 151	Gas-MCF 201

## 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

## 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.

Betty Gildon  
(Signature)

Betty Gildon, Regulatory Analyst

(Title)

3/13/86

(Date)

## OIL CONSERVATION DIVISION

APPROVED MAR 20 1986, 19BY ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT SUPERVISOR

TITLE

This form is to be filled 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 deviate 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 filled for each pool in multiple completed wells.