

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 RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

Operator Belco Development Corporation	
Address 10,000 Old Katy Rd., Suite 100, Houston, Texas 77055	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>3-21-84</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead 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. 1	Pool Name, including Formation South Knowles (Devonian)	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter L	1980	Feet From The South	Line and 660	Feet From The West	
Line of Section 18	T. andship 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"/> Conoco <u>Surface Storage</u>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2587 Hobbs, New Mexico 88240					
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 L	Sec. 18	Twp. 17S	Rge. 39E	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 <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 Resrv. <input type="checkbox"/>	Diff. Resrv. <input type="checkbox"/>
Date Spudded 11/21/83	Date Compl. Ready to Prod. 1/21/84	Total Depth 12,142	P.B.T.D. 12,103					
Elevations (DF, RKB, RT, GR, etc.) 3668 GL	Name of Producing Formation Devonian	Top Oil/Gas Pay 12,037	Tubing Depth 11,800					
Perforations 12037-51'	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	400'	450 sx.
12 1/4"	9 5/8"	5016'	2000 sx.
8 1/2"	5 1/2"	12,142'	1050 sx.
-	2 7/8"	11,800'	-

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 1/21/84	Date of Test 1/21/84	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 8-20	Casing Pressure Pkr	Choke Size 3/4
Actual Prod. During Test 362	Oil-Bbls. 362	Water-Bbls. 0	Gas-MCF 198.8

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.

Carl M. Houser
(Signature)
Production Superintendent
(Title)
January 23, 1984
(Date)

OIL CONSERVATION DIVISION
JAN 27 1984
APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

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 filled for each pool in multiple-completed wells.

RECEIVED
JAN 25 1984
O.C.D.
HOBBS OFFICE