

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 DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATION	
PERMITS OFFICE	

Operator
BELCO PETROLEUM CORPORATION

Address
10,000 OLD KATY ROAD, SUITE 100, 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 type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate <input checked="" type="checkbox"/>

NAME CHANGE OF CONDENSATE TRANSPORTER

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

DESCRIPTION OF WELL AND LEASE

Lease Name BASS FEDERAL COM.	Well No. 2	Pool Name, Including Formation SOUTH SALT LAKE (MORROW)	Kind of Lease State, Federal or Fee FEDERAL	Lease No. SW-1051
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Location

Unit Letter **P** : **660** Feet From The **SOUTH** Line and **1300** Feet From The **EAST**

Line of Section **30** Township **20-S** Range **33-E** , NMPM, **LEA** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
INDEPENDENT PRODUCERS MARKETING CO.	P.O. BOX 1968 CASPER, WYOMING 82602
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
EL PASO NATURAL GAS CO. 8.33203% LLANO, INC. 91.66797%	P.O. BOX 1492, EL PASO, TEXAS 79978 P.O. BOX 1320, HOBBS, NEW MEXICO 88240
If well produces oil or liquids, give location of tanks.	Is gas actually connected? YES
Unit P Sec. 30 Twp. 20-S Rge. 33-E	When 9-9-76 (RECONNECTED) 8-16-77

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.			Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth		
Perforations							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	Choke Size
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

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.

JO ANN RANDALL
(Signature)
PRODUCTION ACCOUNTANT
(Title)
DECEMBER 21, 1981
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY **Orig. Signed by**
Imp. _____
OIL CONSERVATION DIV.

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 filed for each pool in multiple completed wells.