

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.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator

BELCO PETROLEUM CORPORATION

Address 10,000 OLD KATY ROAD, SUITE 100, HOUSTON, TEXAS 77055

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☒Casinghead Gas ☒Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name STATE 12	Well No. 1	Pool Name, including Formation WILSON STRAWN	Kind of Lease State, Federal or Fee STATE	Lease # E-1484
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line of Section <u>12</u> Township <u>21S</u> Range <u>34E</u> , NMPM, LEA Coun				

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> CITIES SERVICE OIL COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 272, ODESSA, TEXAS 79760					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS PIPE LINE COMPANY	Address (Give address to which approved copy of this form is to be sent) BOX 791, MIDLAND, TEXAS 79701					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 12	Twp. 21S	Rge. 34E	Is gas actually connected? NO	When

If this production is commingled with that from any other lease or pool, give commingling order number:

3. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Re
		X	X			X		
Date Spudded 5-28-76	Date Compl. Ready to Prod. 8-11-76	Total Depth 12,800	P.B.T.D. 11,460					
Elevations (DF, RKB, RT, GR, etc.) 3705GR	Name of Producing Formation STRAWN	Top Oil/Gas Pay 11,323	Tubing Depth 11,198					
Perforations 11,323 - 11,420			Depth Casing Shoe 12,797					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	383'	750
17 1/4"	13 3/8"	3529'	3350
12 1/4"	9-5/8"	5281'	700
8 1/4"	7"	11454"	200

4. 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 of
able 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 75	Length of Test 24 HOURS	Bbls. Condensate/MMCF 6.67	Gravity of Condensate 45.6
Testing Method (pilot, back pr.) BACKPRESS	Tubing Pressure (shot-in) 100 PSI	Casing Pressure (shot-in) 0	Choke Size 10/64th

5. 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)MARCH 30, 1982
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 2 1982, 19

BY ORIGINAL SIGNED BY

JERRY SEXTON

TITLE DISTRICT SUPER.

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep
well, this form must be accompanied by a tabulation of the dev
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for a
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of ow
well name or number, or transporter, or other such change of condi

Section IV, V, and VI must be filled for each pool to which

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APR 1 1982
O.C.D.
HOBBS OFFICE