

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Superseding Old C-101 and C-11  
Effective 1-1-65

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

Operator Belco Petroleum Corporation	
Address 10000 Old Katy Rd., Suite 100; Houston, Texas 77055	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>

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 Wilson State	Well No. 1-Y	Pool Name, including Formation Undesignated-Osuda Morrow	Kind of Lease State, Federal or Fee State	Lease No. E3145
Location Unit Letter <u>C</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>1480</u> Feet From The <u>West</u> Line of Section <u>19</u> Township <u>21-S</u> Range <u>35-E</u> , NMPM, <u>Lea</u> 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) 1501 Houston Club Bldg. Houston, Texas 77002					
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) P. O. Box 1320, Hobbs, New Mexico 88240					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 19	Twp. 21S	Rge. 35E	Is gas actually connected? Yes	When 5-11-77

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" 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 9-3-76	Date Compl. Ready to Prod. 1-12-77	Total Depth 12,600'	P.B.T.D. 11,448'
Elevations (DF, RKB, RT, GR, etc.) 3646 GR.	Name of Producing Formation Osuda Morrow	Top Oil/Gas Pay 11,290'	Tubing Depth 11,120'
Perforations 11,290' - 11,313' W/2 SFP	Depth Casing Shoe 11,518'		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	376'	600 sks.
17-1/2"	13-3/8"	3543'	3350 sks.
12-1/4"	9-5/8"	5650'	625 sks.
8-1/2"	5-1/2" ; 2-3/8" TBG	11518' ; 11,120'	450 sks. (5-1/2")

**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 1000	Length of Test 24 HR.	Bbls. Condensate/MMCF 22	Gravity of Condensate 42.0
Testing Method (pilot, back pr.) Orifice Meter	Tubing Pressure (Shut-in) 3185#	Casing Pressure (Shut-in) - - -	Choke Size 12/64"

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED _____, 19____	
C. W. Byrd (Signature)		BY <u>Larry L. Lister</u>	
Production Accounting (Title)		TITLE <u>SUPERVISOR DISTRICT I</u>	
5-13-77 (Date)		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.	

RECEIVED

MAY 3 1957  
OIL CONSERVATION COMM.  
HOBBS, N. M.