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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

Operator Belco Petroleum Corporation	
Address 10,000 Old Katy Rd., Suite 100, Houston, Texas 77005	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" 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 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.

I. DESCRIPTION OF WELL AND LEASE

Lease Name Federal HM-12	Well No. 1	Pool Name, including Formation Undesignated Hat Mesa Morrow	Kind of Lease State, Federal or Fee Federal	Lease No. NM 12275
Location Unit Letter <u>L</u> ; 1980 Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>12</u> Township <u>21-S</u> Range <u>32-E</u> , NMPM, <u>Lea</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Scurlock Oil Company	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"/> Llano, Inc.	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 <u>L</u>	Soc. <u>12</u>
	Twp. <u>21-S</u>	Rge. <u>32-E</u>
	Is gas actually connected? <u>Yes</u>	When <u>5-23-77</u>

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
		<u>X</u>	<u>X</u>					
Date Spudded 12-10-76	Date Compl. Ready to Prod. 4-14-77		Total Depth 14,370'			P.B.T.D. 14,241'		
Elevations (DF, RKB, RT, GR, etc.) 3817 GR	Name of Producing Formation Hat Mesa Morrow		Top Oil/Gas Pay 13958			Tubing Depth 13,921'		
Perforations 14,034'-56', 14,022-34', 13,974-85', 13,989-93', 13,958-67'						Depth Casing Shoe 14370'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
17 1/2	13 3/8		500'			600		
12 1/4	9 5/8		5140'			3410		
8 3/4	5 1/2		14370'			1210		
	2 3/8		13,921'					

V. 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)

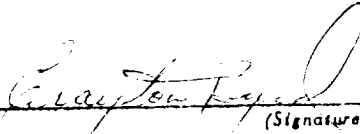
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 360	Length of Test 24 hr.	Bbls. Condensate/MMCF 2.77	Gravity of Condensate 50
Testing Method (pilot, back pr.) Orifice	Tubing Pressure (Shut-in) 2400	Casing Pressure (Shut-in) Packer	Choke Size 22/64

VI. CERTIFICATE OF COMPLIANCE

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.


(Signature)
Production Accountant
(Title)
5-24-77
(Date)

OIL CONSERVATION COMMISSION

APPROVED 11 1977, 19

BY Oil Conservation Commission

TITLE Secretary

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 deviated 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 change of owner, well name or number, or transporter or other such change of condition.

10/27/77
OIL CLEANING COMB
HOBBS, N. M.