

DISTRIBUTION	
SANTA FE	
FILE	
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-101 and C-1
Effective 1-1-65

I. Operator
Estoril Producing Corporation
Address
400 W. Illinois #1600, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☐ Change In Transporter of: Oil ☐ Dry Gas ☒
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change In Ownership ☐ Other (Please explain)
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Belco Federal	Well No. 2	Pool Name, including Formation Antelope Ridge Atoka (Gas)	Kind of Lease State, Federal or Fee Federal	Lease No. 13641
Location Unit Letter P ; 660 Feet From The south Line and 990 Feet From The east Line of Section 10 Township 23S Range 34E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Sunterra Gas Gathering Company	P.O. Box 26400, Albuquerque, N.M. 87125					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 10	Twp. 23S	Rge. 34E	Is gas actually connected? Yes	When 4-28-83

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
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

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Benny M. Minter
(Signature)
Production Supervisor
(Title)
7-27-87
(Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 10 1987**, 19
BY **ORIGINAL SIGNED BY JERRY SEXTON**
TITLE **DISTRICT 1 SUPERVISOR**

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 logs taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely for allow- able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner- ship, name of number, or transporter, or other such change of condition.

THE
OFFICE OF THE
SHERIFF
COUNTY OF
SHERBORN
MASSACHUSETTS
JAN 10 1900