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TRANSPORTER	OIL	
	GAS	
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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-110
Effective 1-1-65

Operator Estoril Producing Corporation	
Address 11th Floor Vaughn Bldg., Midland, Tx. 79701	
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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Belco Federal	Well No. 2	Pool Name, Including Formation Antelope Ridge (Atoka)	Kind of Lease State, Federal or Fee Federal	Lease No. NM-13641
Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>10</u> Township <u>23S</u> Range <u>34E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Southern Union Refining	Address (Give address to which approved copy of this form is to be sent) Lovington, NM 88260	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Co. of New Mexico	Address (Give address to which approved copy of this form is to be sent) 1800 1st International Bldg. Dallas, Tx.	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? <u>Yes</u> When <u>4-28-83</u> 75270

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'v.	Diff. Res'v.
		X	X					
Date Spudded 11-13-82	Date Compl. Ready to Prod. 4-15-83	Total Depth 13,350'	P.B.T.D. 12,715'					
Elevations (DF, RKB, RT, GR, etc.) 3382.7 GR	Name of Producing Formation Atoka	Top Oil/Gas Pay 12,016'	Tubing Depth 11,493'					
Perforations 13,091' - 13,098' (Morrow-plugged off)		12,016' - 12,184 (Atoka)		13,350'				
*SEE ATTACHMENT TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
26"	20"	965'		2800				
17½"	13 3/8"	3714'		2300				
12½"	10 3/4"	4845'		1200				
9½"	7 5/8"	11712'		1500				

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 4944	Length of Test 24 hrs	Bbls. Condensate/MMCF 43.69	Gravity of Condensate 57°
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in) 5160	Casing Pressure (shut-in) Packer	Choke Size 13/64"

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.

Rocky Middleton
(Signature)
PROD. SUPERVISOR
(Title)
5-12-83
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 24 1983, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR
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 multiply completed wells.

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