

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 OFFICE COPIES	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

Operator BELCO PETROLEUM CORPORATION	
Address 10000 OLD KATY ROAD, 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:
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 checked="" type="checkbox"/>

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name FEDERAL CR-8	Well No. 1	Pool Name, Including Formation CINTA ROJO (MORROW)	Kind of Lease State, Federal or Fee FEDERAL	Lease No. N.M. 01278
Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line of Section <u>8</u> Township <u>24-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) P. O. DRAWER 175 ARTESTIA, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1492 EL PASO, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					YES	11/5/81

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
		X	X					
Date Spudded 5/6/81	Date Compl. Ready to Prod. 10/24/81	Total Depth 14,552'	P.B.T.C. 14,509'					
Elevations (DF, RAB, RT, GR, etc.) 3418' KB	Name of Producing Formation MORROW	Top Oil/Gas Pay 14,003'	Tubing Depth 13,945'					
Perforations 14,003' - 14,012'	Depth Casing Shoe 14,552'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	16 "	441'	500
14-3/4"	10-3/4"	5336'	3000
9-1/2"	7"	12150'	2350
6	5" LINER	11,724' - 14,552'	250

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 2000	Length of Test 24 hrs.	Bbls. Condensate/MMCF 3	Gravity of Condensate 55.7
Testing Method (pilot, back pr.) ORIFICE METER	Tubing Pressure (Shut-in) 5000	Casing Pressure (Shut-in) PKR.	Choke Size 10/64"

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.

Carl M. Hansen
(Signature)
Production Superintendent
(Title)
11/16/81
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 3 1981
BY Orig. Signed By
Jerry Sexton
TITLE Dist. L. Supv.

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