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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS /
OPERATOR	/
PRODUCTION 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-110
 Effective 1-1-65

**INLAND CORPORATION PURCHASED ALL THE ASSETS
 OF BOTH LAMAR TRUCKING, INC. AND INLAND CRUDE,
 INC. THIS PURCHASE INCLUDED N. M. S. C. C.
 PERMIT # 670 WHICH HAS BEEN TRANSFERRED TO
 INLAND CORPORATION.**

I. Operator
Belco Petroleum Corporation
Address: Box 250, Big Piney, Wyoming
Clyde C. Lamar, President
INLAND CORPORATION

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner
Walter Duncan Oil Properties, Box 137, Durango, Colorado

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Skelly State	Well No.	1	Pool Name, including Formation	Basin-Dakota	Kind of Lease	State	
Location	Unit Letter P , 1175 Feet From The South Line and 1035 Feet From The East						State, Federal or Fee	State
	Line of Section 16	Township 27 North	Range 9 West	, NMPM,		San Juan	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"/>	Lamar Trucking, Inc.	Address (Give address to which approved copy of this form is to be sent)	Box 1528, Farmington, N. M.				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent)	Box 990, Farmington, N. M.				
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 16	Twp. 27N	Rge. 9W	Is gas actually connected? No	When	

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

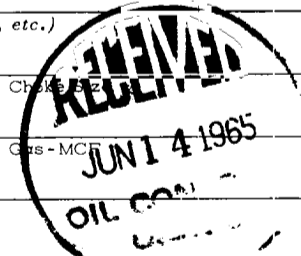
IV. COMPLETION DATA

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
9-18-64	10-21-64	6788	6725					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Basin-Dakota	Dakota	6514	6583					
Perforations	Depth Casing Shoe						6788	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8" O.D.	161	100					
7 7/8"	4 1/2" O.D.	6788	695					
	2 3/8" O.D.							

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
ACF - 3899	3 Hrs.	10 Bbls/MMCF Est.	60°
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
One pt. Back Pressure	2051	2029	3/4"

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.

Original signed by **T. A. Dugan**

(Signature)
Consulting Engineer

(Title)
6-7-65

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUN 1 JUN 14 1965**, 19
 Original Signed By
 BY **A. R. KENDRICK**
 TITLE **PETROLEUM ENGINEER DIST. NO. 3**

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 Sections I, II, III, and VI only 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.