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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-11
Effective 1-1-65

Operator	Belco Development Corporation		
Address	10,000 Old Katy Rd. Ste. 100 Houston, TX 77055		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of Oil <input type="checkbox"/>		
Completion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input checked="" type="checkbox"/>	Casing as <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of ownership give name and address of previous owner Belco Petroleum Corporation 10,000 Old Katy Rd. Ste. 100 Houston, TX. 77055			

1. DESCRIPTION OF WELL AND LEASE				
Lease Name WILSON STATE	Well No. 1-Y	Pool Name, including Formation WILSON STRAWN	Kind of Lease State, Federal or Fee	Lease No. #3145
Location Unit Letter C ; 660 Feet From The North Line and 1480 Feet From The West				
Line of Section 19 Township 21-S Range 35-E, NMPM, Lea County				

1. 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, TX 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 C Sec. 19 Twp. 21S Rge. 35E	Is gas actually connected? yes	When 5/11/77

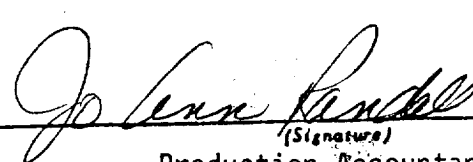
If this production is commingled with that from any other lease or pool, give commingling order number:

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

3. 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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. 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.	
 JO ANN RANDALL Production Accountant (Title) August 15, 1983 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED OCT 14 1983, 19	
BY ORIGINAL SIGNED BY EDDIE SEAY	
TITLE OIL & GAS INSPECTOR	
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.	