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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 OIL 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  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 Belco Petroleum Corporation 10,000 Old Katy Rd. Ste. 100 Houston, TX. 77055

**I. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>STATE 12</u>	Well No. <u>1</u>	Pool Name, including Formation <u>WILSON STRAWN</u>	Kind of Lease State, Federal or Fee <u>STATE</u>	Lease No. <u>90-1484</u>
Location Unit Letter <u>G</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u>	Line of Section <u>12</u>	Township <u>21S</u>	Range <u>34E</u>	County <u>Lea</u>

**II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>CITIES SERVICE OIL COMPANY</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. BOX 272, ODESSA, TX 79760</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>PHILLIPS PIPELINE COMPANY</u>	Address (Give address to which approved copy of this form is to be sent) <u>BOX 791, MIDLAND, TEXAS 79701</u>
If well produces oil or liquids, give location of tanks.	Unit <u>G</u> Sec. <u>12</u> Twp. <u>21S</u> Rge. <u>34E</u>
Is gas actually connected? <u>NO</u>	When <u>Yes</u>

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

**III. 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

**IV. 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 (pistol, 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 JO ANN RANDALL  
 (Signature)  
 PRODUCTION ACCOUNTANT

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.

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