	NO. OF COPIES RECEIVED			
	DISTRIBUTION	NEW MEXICO OIL C	CONSERVATION COMMISSION	RECONINGILIA DY
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-
	U.S.G.S.	111711001717101170	AND	JUL 3 0 1984
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL C	GAS
	l oil	-	į	O. C. D.
	TRANSPORTER GAS	1		ARTESIA, OFFICE
	OPERATOR	1		
ı.	PRORATION OFFICE	1		
	Operator Relco Development	Corneration		
	Belco Development Corporation			
	Address 10000 Old Katy Road; Houston, Texas 77055			
			·	
	Reason(s) for filing (Check proper box,	Change in Transporter of:	Other (Please explain)	
,	Recompletion	OII Dry Gr	Te	
	Change in Ownership X	Casinghead Gas Conde	\boxminus \Box	
	If change of owners sip give name E and address of presious owner	HOLLY ENERGY, INC.;	717 N.Harwood, #2600	; Dallas, Tx. 75201
11.	DESCRIPTION OF WELL AND	LEASE		
	Lease Name	Well No. Pool Name, Including F		, Cedse 140.
	McINTYRE 'A'	2 Grayburg Jeck	cson Queen SA State, Fodera	
	1 =	Feet From The South Lir	ne and 990 Feet From	054280 _{The} East
	Line of Section 20 Tov	wnship 17S Range	30E , NMPM, Eddy	∤ County
Ш.	DESIGNATION OF TRANSPORT			
				•
	Name of Authorized Transporter of Cas		P.O.Drawer 159, Artesia, N.M. 88210 Address (Give address to which approved copy of this form is to be sent)	
	Conoco Box 2197 Afor, TX 77001. If well produces oil or liquids, Unit Sec. Twp. Rige. Is gas actually connected? When			en
	give location of tanks. 20 17 30 Yes 10-2-78			
	give location of tanks.	20 17 30	Yes	10-2-78
	If this production is commingled wit			10-2-78
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,		Plug Back Same Res'v. Diff. Res'
	If this production is commingled with COMPLETION DATA Designate Type of Completion	th that from any other lease or pool, on - (X)	give commingling order number: New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	
	If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded	on - (X) Gas Well Gas Well Date Compl. Ready to Prod.	give commingling order number: New Well Workover Deepen Total Depth	Plug Back Same Res'v. Diff. Res'
	If this production is commingled with COMPLETION DATA Designate Type of Completion	th that from any other lease or pool, on - (X)	give commingling order number: New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'
	If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded	on - (X) Gas Well Gas Well Date Compl. Ready to Prod.	give commingling order number: New Well Workover Deepen Total Depth	Plug Back Same Res'v. Diff. Res'
	If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.)	th that from any other lease or pool, on - (X) Gas Well Date Compl. Ready to Prod.	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res' P.B.T.D. Tubing Depth
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v.	If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE TEST DATA AND REQUEST FOOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	TUBING, CASING, ANI CASING & TUBING SIZE OR ALLOWABLE (Test must be a able for this do Date of Test Tubing Pressure Oil-Bbis.	Deepen Total Depth Total Depth Top Oil/Gas Pay Deepen Depth SET Depth SET Differ recovery of total volume of load oil repth or be for full 24 hours) Producing Method (Flow, pump, gas lijication of the form	Plug Back Same Res'v. Diff. Res' P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT and must be equal to or exceed top allowing to be equal to or exceed top allowing to be equal to or exceed top allowing the size of the siz
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(Title) (Date)

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allo able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multip completed wells.