	HO. OF COPICS RECEIVED	_	~	
	DISTRIBUTION SANTA FF	NEW MEXICO OIL CO	ONSERVATION COMMISSION	The state of the s
	SANTA FE	REQUEST I	FOR ALLOWABLE	Ellective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL (
	LAND OFFICE		THE STATE OF THE PROPERTY OF T	3~40L 3 0 1384
	TRANSPORTER GAS V			O. C. D. ARTESIA, OFFICE
I.	PRORATION OFFICE		dictional control of the control of	
	Belco Development Corporation			
	Address			
	10000 Old Katy Road; Houston, Texas 77055 Reason(s) for filing (Check proper box) Other (Please explain)			
	New Well	Change in Transporter of:		
	Recompletion Change in Ownership X	Oil Dry Gas Casinghead Gas Conden		
	If change of owners tip give name H	OLLY ENERGY INC · 7	117 N Harriand #2600	. Dollar Tr. 75201
	and address of pre-ious owner	OLLI ENERGI, INC., 7	17 N.Harwood, #2000	; Dallas, Ix. /5201
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease				e , Lease No.
	BEESON	1 Grayburg Jeks	SR State, Federa	LC-
	Location D 330) Feet From The North Line		028936
	20	170		•
	Line of Section 29 Tow	nship 17S Range	30E , NMPM, Edo	ly County
Ш.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address to which appro	wed copy of this form is to be seed.
		inghead Gas X or Dry Gas	1	•
	Name of Authorized Transporter of Cas Phillips Petroleum			· · · · · · · · · · · · · · · · · · ·
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	18 gas actually connected? Wh	en (7976)
	give location of tanks.	29 17 30	Yes	5-23-79
	this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA			
	Designate Type of Completio	n - (X)	New Well Workover Deepen	Plug Back Same Res'v. Dill. Res'
	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
			•	Depthi Cdanig Shoe
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V.	TEST DATA AND REQUEST FOR ALLOWABLE (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 l.	ifi, eic.)
	Length of Teet	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	GOB-MCF () () &.
				1 phy. of
	GAS WELL	· · · · · · · · · · · · · · · · · · ·	·	<i>y</i> ()
	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
VI.	CERTIFICATE OF COMPLIANCE	CE	OIL CONSERVA	ATION COMMISSION
	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.		APPROVED JUL 3 1 1984	
			DRIGINAL SIGNED	
			BY BY LARRY BROOKS GEOLOGIST - NMOCD	
			TITLE	
	(il M. Laises		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepen	
	(Signature)		well, this form must be accompanied by a tabulation of the deviatitiests taken on the well in accordance with MULE 111.	
	frod Suff (Title)		All sections of this form must be filled out completely for silc able on new and recompleted wells.	
	7-27-84		Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditi	
	/ (Do	ne)	Separate Forms C-104 mu	rter, or other such change of conditi- st be filed for each pool in multi,
			completed wells.	