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		4	t		
		NEW MEXICO OIL CONSERVATION COMMISSION			
	SANTA FE	REQUEST	FOR ALLOWABLE	REFORM CFD BY Supersedes Old C-104 and C-	
	FILE		AND	2	
	U.S.G.S.	ALITHODIZATION TO TO		JUE"3"0" 1984	
	LAND OFFICE	AOTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS	
	OIL i	4	į.	O. C. D.	
	TRANSPORTER	4	1	ARTESIA, OFFICE	
	GAS V			ARCESTA, OFFICE	
	OPERATOR				
1.	PRORATION OFFICE	PROPATION OFFICE			
	Perdior Paralage Para				
Belco Development Corporation					
	oddress				
	10000 01d Kats	, Road; Houston, Texa	ae 77055		
	· —		Other (Please explain)		
	New We!I	Change in Transporter of:			
Recompletion Oil Dry Gas					
	Change in Ownership X	Casinghead Gas Conder	nsate 🔲		
	If change of owners tip give name	HOLLY ENERGY, INC.;	717 N.Harwood, #2600	: Dallas, Tx. 75201	
	and address of pre lous owner			, 502100, 111. 75201	
	DESCRIPTION OF WELL AND				
McIntyre 'A' 9 Grayburg Jckson, Queen, SA State, Federal or Fee Federa					
				, Lagar 140.	
				lor Fee Federa LC-	
				057634	
				_{The} East	
	Line of Section 20 Tov	vnship 17S Range	30E , NMPM,	F d d v	
	Zine di Section 20 100	Manip 1/3 Runge	3UE , NMPM,	Eddy County	
ш.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)				
	Navajo Refining Company - Pipeline Div. P.O. Drawer 159, Artesia, N.M. 8821			tesia, N.M. 88210	
	Navajo Refining Company - Cipeline Div. P.O. Drawer 159, Artesia, N.M. 88210 Name of Authorized Transporter of Casinghead Gas of Ord Dry Gas Address (Give address to which approved copy of this form is to be sent			ved copy of this form is to be sent)	
			•		
	,	Unit Sec. Twp. P.ge.	Box 2197 Ho	uson, 1x . 1700	
	If well produces oil or liquids, give location of tanks.				
	dive location of tanks.	20 17 30	Yes	9-3-81	
	If this production is commingled wit	this production is commingled with that from any other lease or pool, give commingling order number:			
IV.	COMPLETION DATA				
	Don't to To the	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty	
	Designate Type of Completion	n - (X)	1		
	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	
	in the for the first the f	, value of producting to similarion	100 011/303 /-4/	rubing Depth	
		<u> </u>			
	Perforations		•	Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			 		
		 		 	
		<u>i</u>	J	<u> </u>	
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 allow				
	OIL WELL able for this depth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li)	(i, eic.)	
				-n-2	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	•			0.57 1-0	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF 4 101	
	Actual Floor During 1 and	J 22.2.		0,1 0,1	
	<u> </u>	<u> </u>		1/1/25	
	GAS WELL				
	Actual Prod. Teet-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
		<u> </u>			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
_		<u></u>	1		
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVA	TION 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.		յլլ 3 1 1984		
			ORIGINAL SIGNED BY BY LARRY OR ANNS GEOLOGIST - NMOCD		
		· ·	TITLE		

(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 deepene 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 ill name or number, or transporter, or other such change of condition

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