ż	NO. OF COPIES RECEIVED   DISTRIBUTION   SANTA FE   FILE   U.S.G.S.   LAND OFFICE   I RANSPORTER   OIL   GAS   OPERATOR   PRORATION OFFICE   Operator   Belco Developmer   Address   10000 Old Katy   Reoson(s) for filing (Check proper box)   New We!1	REQUEST AUTHORIZATION TO TRA nt Corporation Road; Houston, Texa		R) A URAL G JU ART	Form C-104 Supersedes ( Constructive 1-1 AS Construction Construction Construction Construction Construction	21d C-104 and C-1
	Recompletion Change in Ownership X If change of ownership give name H and address of pre-ious owner DESCRIPTION OF WELL AND I Lease Name		17 N.Harwood,	#2600;		x. 75201
	COWTOWN LOYD Location Unit Letter I ; 18	1 Travis Upper 1 330 Feet From The South Line	Penn	State, Federal _ Feet From T	<sup>cr Fee</sup> State	647-TR3
III.	Line of Section 14 Township 18S Range . DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GA Name of Authorized Transporter of Oil XX or Condensate Navajo Refining Company Name of Authorized Transporter of Casinghead Gas XX or Dry Gas E1 Paso Natural Gas Pipeline		S Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, N.M. 88210 Address (Give address to which approved copy of this form is to be sent) P.D. Box 1492 - El Print, 78, 7999			
	If well produces oil or liquids, give location of tanks. If this production is commingled wit	Unit Sec. Twp. Rge.	ls gas actually connected Yes	d ? <sub>I</sub> When I	n 	
۲ν.	COMPLETION DATA Designate Type of Completio Date Spudded	Oil Well Gas Well	New Weil Workover Deepen Plug Back Same Res'v. Diff. Total Depth P.B.T.D.		es'v. Diff. Res'v	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay		Tubing Depth	
	Perforations Depth Casing Shoe					
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD		SACKS CI	EMENT
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 allo- able for this depth or be for full 24 hours)					
	OIL WELL Date First New Oil Run To Tanks	Producing Method (Flow, pump, gas lift, etc.)				
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water - Bble.		Gas-MCF ID 3 POST I-84	
	GAS WELL				9-19	lp.
	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 COMPLIAN	CE		ONSERVA	TION COMMISSI	ON
	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, 19 BYLeslie A. Clements TITLESupervisor District II			_, 19
	T-27- 84 (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 allow able 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 Separate Forms C-104 must be filled for each pool in multiple			