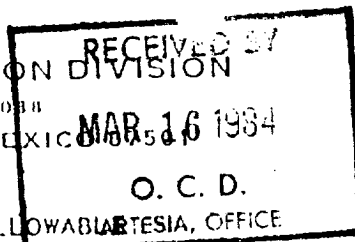


OIL CONSERVATION DIVISION
P. O. BOX 20311
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-70

| | |
|-----------------------|-------------------------------------|
| NO. OF COPIES DESIRED | |
| DISTRIBUTION | |
| SANTA FE | <input checked="" type="checkbox"/> |
| FILE | <input checked="" type="checkbox"/> |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | <input checked="" type="checkbox"/> |
| OIL | <input checked="" type="checkbox"/> |
| NATURAL GAS | <input checked="" type="checkbox"/> |
| OPERATOR | |
| PROMOTION OFFICE | |

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|--|---|
| Operator | Belco Development Corporation ✓ |
| Address | 10,000 Old Katy Rd., Suit 100, Houston, Texas 77052 |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input checked="" type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name
and address of previous owner _____

1. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-----------------|-------------|--------------------------------|---------------------------|---------------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| Lakey Com | 1 | North Loving (Atoka) | State, Federal or Fee Fee | |
| Location | Unit Letter | Feet From The | Line and | Feet From The |
| | L | 2280 | South | 660 |
| | | | West | |
| Line of Section | 20 | Township | 23-S | Range |
| | | | 28-E | NMPM, Eddy |
| | | | | County |

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|------|------|------|----------------------------|---------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| El Paso Natural Gas Company | P.O. Box 1492, El Paso Texas 79978 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | L | 20 | 23-S | 28-E | Yes | 3/13/84 |

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

3. COMPLETION DATA

| | | | | | | | | |
|------------------------------------|-----------------------------|-----------------|-------------------|----------|--------|-----------|-------------|------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res' |
| | | X | | X | | X | | X |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| 6/15/80 | 5/8/83 | 12,622 | 11,968 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | | |
| 3076 RKB | Atoka | 11,347 | 11,246 | | | | | |
| Perforations | | | Depth Casing Shoe | | | | | |
| 11,347 - 53 (Atoka) | | | 12,621 | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|---------------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 20 | 16 | 450 | 750 |
| 14 3/4 | 10 3/4 | 2415 | 2175 |
| 9 7/8 | 7 5/8 | 9615 | 1610 |
| 6 1/4 | 5" Liner | 7343 - 12,621 | 730 |

4. 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 |
| 1000 | 4 | -0- | --- |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| Orifice Meter | 4100 | Pkr | 12/64 |

5. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Production Accountant

(Title)

March 14, 1984

(Date)

OIL CONSERVATION DIVISION
APR 02 1984APPROVED _____, 10
BY Original Signed By
Leslie A. Clements
Supervisor District II
TITLE _____

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 deviated tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or lease, or other such changes.

Separate Forms C-104 must be filled for each pool in multiple