STATE OF NEW MEXICO	NT OUL CONSERV	VIION DIVISI	Form C-104 Revised 10-1-78	
DISTAINUTION		OX 2088		
5AN1A FE FILE		W MEXICO 87501		
	REQUEST FO	OR ALLOWABLE		
TRANSPORTER OR OPERATOR		AND SPORT OIL AND NATURAL G <b>AS</b>		
Operator	elopment Corporation			
	d Katy Road, Ste. 100 Hous			
Reason(s) for filing (Check prope New Well	v box) Change in Transporter of:	Other (Please explain)		
Recompletion Change in OwnershipXX	Oil Dry C Casinghead Gas Cond	Gas		
If change of ownership give na and address of previous owner	Belco Petroleum Corpora	tion, 10,000 Old Katy Rd	. Ste. 100 Houston, TX 77055	
T. DESCRIPTION OF WELL A	ND LEASE Well No. Pool Name, Including	Formation Kind of Lee	Lease No.	
State 34	1 North Bagley			
Unit Letter B;	1980 Feel From The East L	ine and 810 Feet From	n The North	
Line of Section 34	Temship ]]-S Range	33-Е , ммрм, Lea	County	
DESIGNATION OF TRANS	CORTER OF OIL AND NATURAL G	AS Address (Give address to which app	roved copy of this form is to be sent)	
Amoco Pipeline Comp	any <u>2300 Contin</u>	ental Nat'l Bank Bldg.,	Ft. Worth, TX 76102	
Warren Petroleum Co		P. O. Box 1589, Tulsa,		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When		
give location of tanks.	B 34 11S 33E d with that from any other lease or pool	Yes , give commingling order number:	10/71	
COMPLETION DATA	Oll Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Dill. Rest	
Designate Type of Comp	letion - (X)			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, e	tc., Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
	TUBING, CASING, AN	ND CEMENTING RECORD		
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
. TEST DATA AND REQUES	T FOR \$110WARLE (Test mist be	ofter recovery of total valume of load o	il and must be equal to or exceed top allo	
OIL WELL Date First New Oil Run To Tenk	able for this a	depth or be for full 24 hours) Producing Method (Flow, pump, gas		
Date First New Oil Hun 10 1 Chk		Floracing Komod (1 ton, pomp, 10		
Length of Test	Tubing Presaure	Casing Pressure	Choke Size	
Actual Prod. During Test	Cil-Bbls.	Water - Bbls.	Gas-MCF	
	1			
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Caeing Freeseure (Shut-in)	Choke Size	
1. CERTIFICATE OF COMPL	IANCE		ATION DIVISION	
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.		APPROVED OCT 1 4 1983		
		BY DESINAL SIGNED BY EDDIE SEAY		
		TITLE OIL & GAS INSPECTOR		
$\gamma \sim \rho$		This form is to be filed is	n compliance with RULE *104.	
to une Karfalf JO ANN RANDALL		If this is a request for all must be accom	owable for a newly drilled or deepen penied by a tabulation of the deviati	
Production Accountant		teels taken on the well in acc	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.	
(Tiile)		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 owned		
August 15, 1983		well name or number, or transpo	orter, or other such change of condition	
		I Leverste Forms C-104 mi	ust he filed for each pool in	