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	SANTA FE				
	FILE				
	U.S.G.S.				
	LAND OFFICE				
1.	TRANSPORTER	OIL			
		GAS			
	OPERATOR				
	PRORATION OFFICE				
	Operator				

November 13, 1972 (Date)

-	DISTRIBUTION	NEW MEYICO OU C	ONESOVATION COMMESSION	•		
	SANTA FE	REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
ł	FU E					
FILE						
	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	LAND OFFICE					
	TRANSPORTER GAS					
	OPERATOR					
1.	PRORATION OFFICE					
	Operator Belco Petroleum Corporation					
	Address 2000 Wilco Bldg., Mi	dland, Texas 79701				
Ì	Reason(s) for filing (Check proper box) New Well Change in Transporter of: Other (Please explain) Effective 12/1/72					
İ						
	Recompletion	Oil Dry Ga	s			
	Change in Ownership XX Casinghead Gas Condensate					
i						
	If change of ownership give name and address of previous owner	Meadco Properties, Ltd.,	407 West Wall St., Midla	and, Texas 79701		
II.	DESCRIPTION OF WELL AN	D LEASE		•		
••	Lease Name	Well No. Pool Name, Including Fe	ormation Kind of Lease	Lease No.		
	State 34	1 North Bagley	Penn State, Federal	or Fee State B-10356		
	Location					
	Unit Letter B;	1980 Feet From The East Lin	ne and 810 Feet From T	he North		
	Line of Section 34	Township 11S Range	33E , NMPM,	Lea County		
III.	DESIGNATION OF TRANSPO Name of Authorized Transporter of	OIL NO OF CONDENSATE OF CONDENSATE	Address (Give address to which approv	ed copy of this form is to be sent)		
	Amoco Pipeline Compa		ontinental Natl Bank Bld			
	Name of Authorized Transporter of		Address (Give address to which approv			
	Warren Petroleum Com		P. O. Box 1589, Tulsa,	Oklahoma 74102		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. B 34 11S 33E	Is gas actually connected? Whe	10/71		
	ve at the conduction in commitmed and	with that from any other lease or pool,	give commingling order number:			
	COMPLETION DATA	with that from any other rease or poor,	give comming or an incident			
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Comple	tion - (X)				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
				T North Double		
	Elevations (DF, RKB, RT. GR, etc.) Name of Producing Formation Top Oil/		Top Oil/Gas Pay	Tubing Depth		
	erforations			Depth Casing Shoe		
		TUBING, CASING, AND	D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
V.	TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	after recovery of total volume of load oil	and must be equal to or exceed top allow-		
• •	OIL WELL	able for this do	epth or be for full 24 hours) Producing Method (Flow, pump, gas lij			
	Date First New Oil Run To Tanks	t, etc.)				
	Charle Circ		Choke Size			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
		Oil-Bbls.	Water - Bbls.	Ggs • MCF		
	Actual Prod. During Test	OIL-BBIS.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	l			<u></u>		
	0.40 1007.7					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Float Foot Mo. 72					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI	CERTIFICATE OF COMPLI	ANCE	OIL CONSERVA	TION COMMISSION		
¥ 8.	hereby certify that the rules and regulations of the Oil Conservation		At 1.37			
			APPROVED, 19			
	Commission have been compli-	ed with and that the information given	· P	Oriv. Simed by		
	above is true and complete to	the best of my knowledge and belief.	BY	BYloc D. Ramey		
			TITLE	Dist I Supv.		
	,		This form is to be filed in compliance with RULE 1104.			
	Glenn Cone	?	The big is a conjugat for allow	vable for a newly drilled or deepened		
	- William C	Sknatwe)	If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation			
	Glenn Cope	· · • · · · · · · · · · · · · ·	tests taken on the well in acco	tests taken on the well in accordance with RULE 111.		
	District Enginee	(Title)	All sections of this form mu	All sections of this form must be filled out completely for allowable on new and recompleted wells.		
		• • •	II BOTA OII HAM SHE LOCOMBIACAS M.			

All sections of this form must be filled out completely for 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 filed for each pool in multiply