

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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-66

Operator Belco Petroleum Corporation	
Address P.O. Box 19234, Houston, Texas 77024	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter etc. ☐
Recompletion ☐	Oil ☒ Dry Gas ☐
Change in Ownership ☐	Condensate Gas ☐ Condensate ☐
Other (Please explain)	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Shell "H" State	Well No. <u>1</u> North Bagley Penn	Kind of Lease State, Federal or Lease State	Lease No. K-3027
Location			
Unit Letter A	554	Feet from the North 554	Feet from the East
Line of Section 8	Township 12-S	Range 33-E	County

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)		
Amoco Pipeline Company	2300 Continental Nat'l Bank Bldg. Ft. Worth, Tex. 76102		
Name of Authorized Transporter of Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)		
Warren Petroleum Company	P.O. Box 1589, Tulsa, Oklahoma 74102		
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 8	Range 12S
			33E
			Yes
			3-16-71

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well ☒	Gas Well ☐	New Well ☐	Workover ☐	Deepen ☐	Blow Box ☐	Shut-In ☐	Diff. Restv. ☐
Date Spudded	Date Compl. Ready to Prod.		Total Depth		Bore Hole			
Elevations (H.E., R.R., RT, GR, etc.)	Name of Producing Formation		Pay Oil/Gas Pay		Perforation Depth			
Perforations					Depth of casing shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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.)

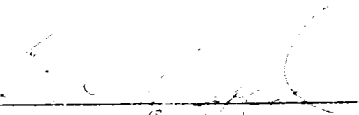
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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.


C.W. Byrd
(Signature)
Production Assistant
(Title)
September 29, 1975
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
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 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, well name or number, or transporter or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.