ĺ	NO. OF COPIES RECE					
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	SANTA FE					
	FILE					
	U.S.G.S.					
	LAND OFFICE					
	TRANSPORTER	OIL				
	111111111111111111111111111111111111111	GAS				
	OPERATOR					
1.	PRORATION OFFICE					
	Belco Petroleum Corpo					
	Address					
	2000 Wilco Bldg., Mid					
	Reason(s) for filing ((Check p	roper	box		
	New Well					
	Recompletion					

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 : Effective 1-1-65	and C-11	
FILE U.S.G.S.	AUTHORIZATION TO TOAN	AND NSPORT OIL AND NATURAL			
LAND OFFICE	AUTHORIZATION TO TRAF	NSPURT OIL AND NATURAL	GAS		
I RANSPORTER OIL					
GAS					
OPERATOR DESCRIPTION OF THE PROPERTY OF THE PR					
Operator					
Belco Petroleum Corp	oration				
Address					
2000 Wilco Bldg., Mi		0.1 (01			
Reason(s) for filing (Check proper b.	Ox) Change in Transporter of:	Other (Please explain) Effective 12/	11/72		
Recompletion	Oil Dry Gas		-, · -		
Change in Ownership XX	Casinghead Gas Condens	sate			
and address of previous owner	Meadco Properties, Ltd., 4	107 West Wall St., Midl	land, Texas 79701		
DESCRIPTION OF WELL AND	D I E ACE		•		
DESCRIPTION OF WELL AN	Well No. Pool Name, including Fo			ase No.	
Shell "H" State	l North Bagley	Penn State, Fede	ral or Fee State K-	-3027	
Location		F.F. 4	T 4		
Unit Letter A ;	554 Feet From The North Line	e andFeet From	n TheEast		
Line of Section 8	Township 12S Range 33	BE , MMPM,	Lea	County	
Line of Section 8	Township 125 Range 33	y 1435(F 171)			
. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GAS	S			
Name of Authorized Transporter of (OII X or Condensate	· Address (Give address to which app			
Amoco Pipeline Compa		ontinental Natl Bank Bi Address (Give address to which app			
Name of Authorized Transporter of C		P. O. Box 1589, Tulsa		,	
Warren Petroleum Com	Unit Sec. Twp. Rge.		When		
If well produces oil or liquids, give location of tanks.	A 8 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		,	Plug Back Same Resty. Di	ii Resi	
Designate Type of Comple	tion - (X)	New Well Workover Deepen	Plag Buck Sume Nes V. Dr.	11, 1103	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Date Spaces					
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
		<u> </u>	Denth Code - Shar		
Perforations			Depth Casing Shoe		
	TURING CASING AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
HOLL SILL					
		<u> </u>			
. TEST DATA AND REQUEST		fter recovery of total volume of load of the point of the for full 24 hours)	oll and must be equal to or exceed	top atto	
OII. WELL 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		
	OU BNI-	Water - Bble.	Gas - MCF		
Actual Prod. During Test	Oil-Bbls.	TIGLES - DALES			
		<u> </u>			
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
		451 545	Chak- St-		
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size		
			VATION COMMISSION		
I. CERTIFICATE OF COMPLI	PERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oil Conservation		VATION COMMISSION		
			19, 19		
Campinglan have been complied	d with and that the information given	To Or	se la licary		
above is true and complete to	the best of my knowledge and belief.	BY			
		TITLE			
,	_		in compliance with RULE 110	4.	
Glen (ne	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			
Glenn Cope	Signature)				
Cistrict Enginee	1				
	(Title)	able on new and recompleted	wells.		
		Fill out only Sections I. II. III, and VI for changes of owne			

VI

Glem Cape	
Glenn Cone	
Oistrict Engineer	
November 13, 1972(Date)	

well name or number, or transporter, or other such 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.