	NO. OF COPIES RECEIVED	_					
	DISTRIBUTION	NEW MEXICO O	IL CONSERVATION COMMIT	N Porm C 10s			
SANTA FE REQUEST FOR ALLOWABLE Supersedes Of							
	FILE		AND	Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO	TRANSPORT OIL AND NATI	IDAL CAS			
	LAND OFFICE	No monitarion for	TRAISI OR FOIL AND NAT	JRAL GAS			
	TRANSPORTER OIL.	-					
	OPERATOR	-					
1.	PRORATION OFFICE						
	Operator BELCO PETROLEUM CORPORATION						
	P.O. Box 19234, Houston, Texas 77024						
	Reason(s) for filing (Check proper box) Other (Please explain)						
	New Well Change in Transporter of:						
	Recompletion	™	y Gas				
	Change in Ownership		ondensate				
	If change of ownership give name and address of previous owner						
II.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Includit	- Franction				
	La Rica Unit	1 Tonto Seve		of Lease No. , Federal or Fee Federal NM24489			
	Unit Letter L : 198	Feet From The South	Line and 660 Fee	et From The West			
	Line of Section 13 Tox	wnship 19–S Range	33-E , NMPM,	Lea County			
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL	GAS				
	Sourlock Oil Company	or Condensate	1501 Houston Club	ch approved copy of this form is to be sent)			
	Name of Authorized Transporter of Cas	alaskand Care Tourish Care Care Care Care Care Care Care Care		Bldg., Houston, Texas 77022			
	NONE	singhead Gas Ma or Dry Gas	Address (Give address to which	ch approved copy of this form is to be sent)			
	NOND						
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. L 13 198 33		When			
	If this production is commingled with	th that from any other lease or po	ol, give commingling order numb	per:			
IV.	COMPLETION DATA						
	Designate Type of Completic	on - (X)	New Well Workover De	epen Plug Back Same Res'v. Diff. Res'v.			
	-			!			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth			
	Perforations			Depth Casing Shoe			
	TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
		<u> </u>					
		<u> </u>					
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow						
	OIL WELL	,	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			
	Length of Test Actual Prod. During Test	Tubing Pressure Oil-Bbls.	Casing Pressure Water-Bbls.	Choke Size 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			

VI. 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.

Granto Buch	Crayton Byrd
Production Assistant	
(Title)	

February 3, 1910

(Date)

OIL CONSERVATION COMMISSION

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