NO. DF CIPITA RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE OIL	REQUEST FO	ISERVATION COMMISTION OR ALLOWABLE AND SPORT OIL AND NATURAL GA	Form C+104 Superaedes Old C+104 and C+11c Effective 1+1+65
IRANSPORTER GAS OPERATOR PROBATION OFFICE Operator Belco Petroleum Corr	poration		
Address 10000 Old Katy Rd., Reoson(s) for filing (Check proper box New Well Recompletion Change in Ownership	Suite 100, Houston, Texas Change in Transporter of: Oil Dry Gas Casinghead Gas Condensa	Request 111 Bbls.	
If change of ownership give name and address of previous owner I. DESCRIPTION OF WELL AND Lease Name	LEASE Well No. Pool Name, Including Form 1 Undesig. Wilson	I State, Federal	crFee State B-1484
Unit Letter	980 Feel From The North Line	and 1980 Feel From T 34-E , NMPM, Lea	he East County
1. DESIGNATION OF TRANSPOR Name of Authorized Transporter of Of The Permian Corpora Name of Authorized Transporter of Co None	Ition singhead Gas or Dry Gas X	Address (Give address to which approv P. O. Box 1183, Houston Address (Give address to which approv Is gas actually connected?	, Texas 77001 ed copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. If this production is commingled w V. COMPLETION DATA Designate Type of Complet	G 12 21-S 34-E Ith that from any other lease or pool, g	No	Plug Back Same Hes'v. Diff. Res'v.
Date Spuddod Elevations (DF, RKB, RT, GR, etc.)	Date Compl. Ready to Prod.	Total Depth Top Oil/Gas Pay	P.B.T.D. Tubing Depth Depth Casing Shoe
Perforations HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	CEMENTING RECORD DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be af able for this de	(ter recovery of total volume of load oil pth or be for full 24 hours) Producing Method (Flow, pump, gas li	and must be equal to ar exceed top allow
OIL WELL Date First New Oil Bun To Tanks Longth of Test Actual Pred. During Tost	Date of Test Tubing Pressure Off-Bbls.	Casing Pressure Water-Bbls.	Cheke Size Gas-MCF
GAS WELL Actual Fred, Test-MCF/D	Length of Test	Ebla. Condenacte/NMCF Coming Pressure (Shut-in)	Gravity of Condenecte Choke Size
Testing Method (pitol, back pr.)		OIL CONSERV.	ATION COMMISSION
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.		BY Inter the filed in compliance with RULE 1104.	
Production Accountant (Tille) March 16, 1979		This form is to be filed in compliance with ROLL from If this is a request for allowable for a newly diffind or deepene well, this form must be accompanied by a tabulation of the deviation tasks taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow able on new and accompleted wells. Fill out only Sections I. H. III, and VI for change of condition well name or number, or transporter, or other such change of condition	

MAR 1 9 1979 OIL CONSERVATION COMM. ROBBS, N. M.

RECEIVED