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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Superseding Old C-104 and C-11
Effective 1-1-65

Operator BELCO PETROLEUM CORPORATION	
Address 10,000 OLD KATY RD., SUITE 100, HOUSTON, TEXAS 77055	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	CHANGE-OF POOL DESIGNATION

If change of ownership give name
and address of previous owner _____

1. DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Lease Name WILSON STATE		1-Y	WILSON STRAWN	State, Federal or Fee STATE	E3145
Location					
Unit Letter C ; 660 Feet From The NORTH Line and 1480 Feet From The WEST					
Line of Section 19 Township 21-S Range 35-E , NMPM, LEA County					

1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		TO CANCEL C-104 FILED 3/27/81	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
SCURLOCK OIL COMPANY		1501 HOUSTON CLUB BLDG., HOUSTON, TEXAS 77002	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
LLANO, INC.		P.O. BOX 1320, HOUSTON, TEXAS 88240	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 19	Twp. 21S
			Rge. 35E
Is gas actually connected?		When	
YES		5-11-77	

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

7. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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

I. 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.	
<u>Curt M. Houser</u> (Signature)	
PRODUCTION SUPERINTENDENT	
(Title)	
MARCH 31, 1981	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED <u>APR 4 1981</u>	
BY <u>Leslie A. Clements</u>	
TITLE <u>OIL & GAS INSPECTOR</u>	
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 deviated 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.	