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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

Fbim C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

Operator	Belco Development Corporation		
Address	10,000 Old Katy Rd. Ste. 100 Houston, Texas 77055		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Owner <input checked="" type="checkbox"/>	Casinghead <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner: Belco Petroleum Corporation 10,000 Old Katy Rd. Ste. 100 Houston, TX. 77055

DESCRIPTION OF WELL AND LEASE				
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Federal HM 13	1	Hat Mesa (Morrow)	State, Federal or Fee Federal	NM 14155
Location				
Unit Letter	C	990	Feet From The North	Line and 1980
Line of Section		13	Township	21-S
			Range	32-E
			NMPM,	Lea
				County

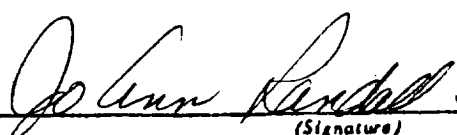
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
CONOCO, INCORPORATED	P.O. BOX 2587 HOBBS, NEW MEXICO 88240			
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)			
TRANSWESTERN PIPELINE COMPANY	P.O. BOX 2521, HOUSTON, TEXAS 77001			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	C	13	21-S	32-E
Is gas actually connected?	When			
yes	11-28-80			

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	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 Oil/Gas Pay			Tubing Depth				
Perforations							Depth 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 (pilot, 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.	
	
JO ANN RANDALL	
Production Accountant	
(Title)	
August 15, 1983	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED	OCT 14 1983
BY	ORIGINAL SIGNED BY EDDIE SEAY
TITLE	OIL & GAS INSPECTOR
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.	