Designate Type of Complete	ion - (X)	II New Well Workover	Deepen	Plug Back	Same Restv.	Diff. Re
Date Spudded	Date Compl. Ready to Prod.	Total Depth	·	P.B.T.D.	<u>.                                    </u>	<u> </u>
3/1/80	*	473'				
Elevations (DF. RKB. RT. GR. etc.,	Name of Producing Formation	Top Oll/Gas Pay		Tubing Depth		
4550.7' GR	Santa Rosa	386'				
Perforations	nanced recovery project	(Steamflood)	<del> </del>	Depth Casir 473	-	
·	TUBING, CASING,	AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			CKS CEMEN	(T
11*	8-5/8*	301		12		
6-3/4"	4½*	473			90	
				<del></del>		
7. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must able for the	be after recovery of total volume of a depth or be for full 24 hours	of load oil	and must be eq	qual to or exce	ed top at
7. TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks	FOR ALLOWABLE (Test must able for the	be after recovery of total volume of a depth or be for full 24 hours)  Producing Method (Flow, pu			qual to or exce	ed top si
OIL WELL	able for th	a depth or be for full 24 hours)			qual to or exce	ed top al
OIL WELL Date First New Oil Run To Tanks	able for the	a depth or be for full 24 hours)  Producing Method (Flow, pu		(i, eic.)	qual to or exce	ed top si
OH WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	Date of Test Tubing Pressure	Producing Method (Flow, pu  Casing Pressure		Choke Size	qual to or exce	ed top a
OIL WELL Date First New Oil Run To Tanks Length of Teet	Date of Test Tubing Pressure	Producing Method (Flow, pu  Casing Pressure		Choke Size		ed top al

## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTE	DM	
SAMTA FE		
PILE		V
u.s.g.s.		
LAND OFFICE		
TRANSPORTER	OIL	
- AAASPONTER	GAS	
OPERATOR		
PROBATION OF	NC.EC	

Operator

## OIL CONSERVATION DIVISION P. O. BOX 2038 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

Separate Forms C-104 must be filed for each pool in multiply

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DCR PETROLEUM Corporation						
Address		•	į			
4000 FM 1300 West, Built 2207 Reason,	77069					
Reason(s) for filing (Check proper box)	Other (Please	explain)				
	Change in Transporter of:					
	X Oil Dry Gas					
Y Change in Ownership Casinghead Gas Co	ndens ste					
If change of ownership give name			-004			
If change of ownership give name Rio Petro, Ltd., 4835	LBJ Frwy., Ste.	635, Dallas, TX /:	5234			
II. DESCRIPTION OF WELL AND LEASE  Well No.   Pool Name, Including Fo	negitan	Kind of Lease	Legge No.			
	1		-			
O'Connell Ranch Unit 5 Wildcat, Chin	le	State State	L 6331			
Location		_				
Unit Letter B : 500 Feet From The N Line	• and <u>1650</u>	Feet From The E				
	050	Cuadalune	County			
Line of Section 15 Township 11N Range	25E , NMPM,	Guadalupe	County			
VI DESCRIAMON OF MEANODORMED OF OU AND MATTIE AT	CAS	·				
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil or Condensate	. GAD  And was (Give address to	o which approved copy of this form is	to be sent)			
Name of Authorized Francisco			į.			
The Permian Corporation  Name of Authorized Transporter of Castinghead Gas or Dry Gas	P.O. Box 1183,	o which approved copy of this form is				
N/A	N/A					
If well produces oil or liquids, Unit   Sec. Twp.   Rge.	is que actually connecte	d? When				
give location of tanks. B 15 11N 25E	N/A					
If this production is commingled with that from any other lease or pool,	give commingling order	number:				
NOTE: Complete Parts IV and V on reverse side if necessary.						
VI. CERTIFICATE OF COMPLIANCE	OILC	ONSERVATION DIVISION				
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED	3-20	19 86			
been compiled with and that the information given is true and complete to the best of		~ B 11	., .,			
my knowledge and belief.	BY		** <b>*</b>			
	TITLE		(V) () (			
$\mathcal{A} \cap \mathcal{A} = \mathcal{A} $	This form is to	be filed in compliance with Rul	LE 1104.			
Alla J. Signaturg)	well, this form must	uest for allowable for a newly dri t be accompanied by a tabulation	of the deviation			
(Bustims Analyst	M ·	well in accordance with RULE 1				
(Title)	able on new and re-					
2/28/8 (Date)	Fill out only S	Sections I, II, III, and VI for ch r, or transporter, or other such char	anges of owner, nge of condition.			

completed wells.