

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION OFFICE		

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
DCR PETROLEUM CORPORATION

Address
4606 FM 1960 West, Suite 220, Houston, TX 77069

Reason(s) for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

If change of ownership give name and address of previous owner **Rio Petro, Ltd., 4835 LBJ Frwy., Ste. 635, Dallas, TX 75234**

II. DESCRIPTION OF WELL AND LEASE

Lease Name O'Connell Ranch Unit	Well No. 6	Pool Name, including Formation Wildcat, Chinle	Kind of Lease State, Federal or Fee State	Lease No. L 6331
Location				
Unit Letter A : 352 Feet From The N Line and 665 Feet From The E				
Line of Section 15 Township 11N Range 25E , NMPM, Guadalupe County				

III. 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)
The Permian Corporation	P.O. Box 1138, Houston, TX 77251-1183
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
N/A	N/A
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	A 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

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Kirk J. Scher
(Signature)
Operation Analyst
(Title)
2/28/86
(Date)

OIL CONSERVATION DIVISION

APPROVED **3-20**, 19 **86**
BY *[Signature]*
TITLE **DISTRICT SUPERVISOR**

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 completed wells.

IV. COMPLETION DATA

DESIGNATE TYPE OF COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re.
		X							
Date Spudded		Date Compl. Ready to Prod.			Total Depth			P.B.T.D.	
2/18/81		5/1/81			515'				
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth	
4579.5' GR		Santa Rosa			412'			455'	
Perforations							Depth Casing Shoe		
414'-446' - 452'-479'							512'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8"	34'	12
7-7/8"	4 1/2"	512'	240
	2-3/8"	455'	

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 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.)	
3/12/82	5/7/84	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	35 psig		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
7 Bbls	1	6	

GAS WELL

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