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

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

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JUN 23 1977

Operator Dalport Oil Corporation		D. C. C.	
Address 3471 First National Bank Bldg., Dallas, Texas		ARTESIA, OFFICE 75202	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/> Reentry	Designate transporter of oil	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
		Casinghead Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shell-Federal Comm	Well No. 1	Pool Name, including Formation SE Chaves Queen Gas Area	Kind of Lease State, Federal or Fee Federal	Lease No. NM-12562
Location Associated				
Unit Letter D ; 660 Feet From The North Line and 660 Feet From The West				
Line of Section 15 Township 15-S Range 29-E, NMPM, Chaves 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"/> Navajo Crude Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Inco Inc.	Address (Give address to which approved copy of this form is to be sent) Star Route A Box 335 Hobbs N.M. 88240					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 15	Twp. 15-S	Rge. 29-E	Is gas actually connected? yes	When 5-9-77

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

V. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
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				

V. 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 5/10/77	Date of Test 5/12/77	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test 24 Hours	Tubing Pressure 100	Casing Pressure 120	Choke Size 1/2"
Actual Prod. During Test 3 1/2	Oil - Bbls. 3	Water - Bbls. 1/2	Gas - MCF 150

GAS WELL

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

VI. 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.

ew C. T. ...  
(Signature)  
President  
(Title)  
6/21/77  
(Date)

OIL CONSERVATION COMMISSION  
JUN 23 1977  
APPROVED  
BY W. A. ...  
TITLE SUPERVISOR, DISTRICT H

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 change of owner, well name or number, or transporter, or other such change of condition.