	NO. OF COPIES RECEIVED	7		·			
Appear in the contract of the destination of the contract of t							
		TAFE REQUEST FOR ALLOWABLE REQUEST FOR ALLOWABLE Effective 1-1-65					
	FILE	4	AND $\partial y_0 y_0 = \partial y_0$	Firective f-1-02			
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	LAND OFFICE	$ \mathcal{O}(\mathcal{A}_{\mathcal{V}})$					
	TRANSPORTER GAS		111 E	9			
	OPERATOR						
1.	PRORATION OFFICE		•				
•	Operator Dalport Oil Corporation						
	Address						
	3471 First National Bank Bldg. Dallas, Taxas 75202						
	Reason(s) for filing (Check proper box)	Other (Please explain)				
	New Well	Change in Transporter of:					
	Recompletion	OII Dry G	as				
	Change in Ownership	Casinghead Gas Conde	ensate				
	If change of ownership give name		3%,	5/1/11/11			
	and address of previous owner	<u> </u>					
П.	DESCRIPTION OF WELL AND						
	Lease Name Amco-Federal	Well No. Pool Name, Including F 2 Undesignated	· · · · · · · · · · · · · · · · · · ·	NM-199070			
	Location	Decible L-GW	· ·	1017133076			
			·	••			
	Unit Letter E ;1980	Feet From The NCIth Li	ne and 660 Feet From Th	e West			
	Line of Section 31 Tox	vnship 14S Range 30	E NMPM. Chave				
	Line of Section 32 Tov	whinip	NMPM, GIAVE	County			
IT.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATHRAL GA	4S				
	Name of Authorized Transporter of Oil	cr Condensate	Address (Give address to which approve	d copy of this form is to be sent)			
	Permian Corporation		P. O. Box 3119, Midl				
	Name of Authorized Transporter of Casinghead Gas or Dry Gas		Address (Give address to which approved copy of this form is to be sent)				
	None						
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When				
	give location of tanks.	<u> </u>	No				
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number:				
	Designate Type of Completion	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res			
	Date Spudded	Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.			
	·		· .				
	8-3-69	8-15-69	2045	1996			
l	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
ļ		Queen	1970	1960			
	1970 - 74.5		Depth Casing Shoe 2043				
-	LOI F 5175	CASING & TUBING SIZE	DEBTH SET	SACKS CEMENT			
	HOLE SIZE		DEPTH SET				
- 1		8 5/8		5 sx Circulated			
	7 7/8	5 1/2		0 Sx			
		2 3/8	1960				
		1	· I				

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) 8/24/69 8/25/69 Pumping Length of Test Choke Size Tubing Pressure Casing Pressure 24 Actual Prod. During Test Oil-Bbls. Water-Bbls.

80	30	50	,				
GAS WELL							
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				

4. CERTIFICATE OF COMPLIANCE

V. TEST DATA AND REQUEST FOR ALLOWABLE

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 beat of my knowledge and belief.

-co.7 /2
(Signature)
President
(Title)
8/27/69

(Date)

OIL CONSERVATION COMMISSION

111 SUPERVISOR VILLE TITI

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepend well, this form must be accompanied by a tabulation of the deviction tests taken on the well in accordance with RULE 111.

All exctions of this form must be filled out completely for allowable on new and recompleted wells.

Will out only Sections I, II, III, and VI for changes of owns, well name or number, or transporter, or other such change of conditions Separate Forms C-104 must be filed for each pool in multipart completed wells.