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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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Operator

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-114
Effective 1-1-65

Dalport Oil Corporation
Address **3471 First National Bank Bldg. Dallas, Texas 75202**

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)
THIS FORM IS TO BE FILED IN THE NEW MEXICO OIL CONSERVATION COMMISSION OFFICE IN ALBUQUERQUE, NEW MEXICO.

If change of ownership give name and address of previous owner.

DESCRIPTION OF WELL AND LEASE

Lease Name Amco Federal	Well No. 3	Pool Name, including Formation Double L Queen	Kind of Lease FF-1 Federal	Lease No. 0199070-B
Location Unit Letter M : 330 Feet From The South Line and 330 Feet From The West Line of Section 31 Township 14S Range 30E , NMPM, Chaves County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119 Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit L Sec. 31 Twp. 14 Rge. 30	Is gas actually connected? No When

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

COMPLETION DATA

Designate Type of Completion - (X) X	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 1-15-70	Date Compl. Ready to Prod. Jan 21, 1970	Total Depth 2030	P.B.T.D. 1991
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Queen	Top Oil/Gas Pay 1941½	Tubing Depth 1908 (KB)
Perforations 1941½ - 48, 1949½-53, 1954½-56½	Depth Casing Shoe 2028		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 11 7 7/8	CASING & TUBING SIZE 8 5/8 5 1/2 2 3/8	DEPTH SET 328 2028 1908	SACKS CEMENT 175 300

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)

OIL WELL

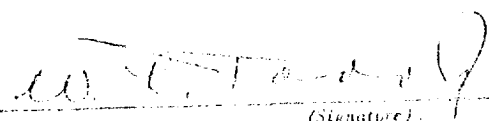
Date First New Oil Run To Tanks Jan. 25, 1970	Date of Test Jan 26, 1970	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 3 hrs	Tubing Pressure 50	Casing Pressure 400	Choke Size 20/64
Actual Prod. During Test 15	Oil-Bbls. 120	Water-Bbls. 0	Gas-MCF -

GAS WELL

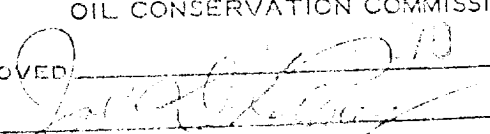
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.


(Signature)
President
(Title)
1-27-70
(Date)

OIL CONSERVATION COMMISSION

APPROVED  , 19
BY
TITLE

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 deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and re-completed wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of identity.
Separate Form C-104 must be filed for each pool in which