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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

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-105
Effective 1-1-65

Operator Dalport Oil Corporation	
Address 3471 First National Bank Bldg. Dallas, Texas 75202	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	THIS WELL HAS BEEN PLACED IN THE POOL AND IS BEING PRODUCED BY YOU OR HAS BEEN PRODUCED BY YOU.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <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 _____

Lease Name Amco-Federal		Well No. 4	Pool Name, Including Formation Double L Queen R-3732	Kind of Lease State, Federal <input type="checkbox"/> Fee	Lease No. NM-0199070
Location					
Unit Letter N	1980	Feet From The West	Line and 330	Feet From The South	
Line of Section 31	Township 14S	Range 30E	NMPM, Chaves		County

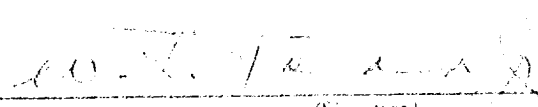
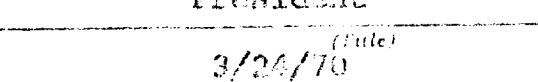
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Co			Address (Give address to which approved copy of this form is to be sent) Artesia, New Mexico		
Name of Authorized 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 E/L	Sec. 31	Twp. 14	Rge. 30	Is gas actually connected? No When

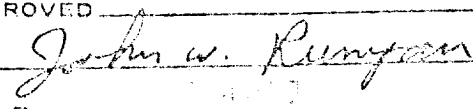
If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded 3-9-70	Date Compl. Ready to Prod. 3-18-70	Total Depth 2060		P.B.T.D. 2029					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Queen	Top Oil/Gas Pay 1978		Tubing Depth 1954 g. m					
Perforations 1978-83	1990-93	Depth Casing Shoe 2060							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 11"	CASING & TUBING SIZE 8 5/8 20#		DEPTH SET 349		SACKS CEMENT 175 5X CLASS 'C'				
7 7/8"	5 1/2 - 14#		2060		200 5X lite, 100 5-50 poz				
					+ 8# salt/sack				

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 Mar. 21-70	Date of Test 3/22/70	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 3 hrs.	Tubing Pressure 50	Casing Pressure 400	Choke Size 15/64
Actual Prod. During Test 15	Oil-Bbls. 15	Water-Bbls. 0	Gas-MCF -

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

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.	
 _____ President	
 _____ (Rule)	
3/24/70 _____ (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 deviating 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 conditions.	
Separate Forms C-104 must be filed for each pool in multiple completed wells.	