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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION 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)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

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

DESCRIPTION OF WELL AND LEASE				
Lease Name Amco-Federal	Well No. 5	Pool Name, Including Formation Double L - Queen	Kind of Lease State Federal or Fed	Lease No. 124-0199070-1
Location				
Unit Letter K	1650	Feet From The South	Line and 1650	Feet From The West
Line of Section 31	Township 14S	Range 20E	, 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 Pipe Line Division	Address (Give address to which approved copy of this form is to be sent) 1111 W. Foothill Blvd, Azusa, Calif 917					
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 commingling 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 <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 June 8, 1970	Date Compl. Ready to Prod.	Total Depth 2012	P.B.T.D. 2012
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Queen	Top Oil/Gas Pay 1965	Tubing Depth 1956
Perforations 1965 - 70 1/2, 1972 - 75		Depth Casing Shoe 2012	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 10"	CASING & TUBING SIZE 8 5/8	DEPTH SET 403	SACKS CEMENT 200 class 'C' Circ
8"	5 1/2	2012	200 ss lite, 100 50/50 PBZ

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 July 2, 1970	Date of Test July 2, 1970	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 6 hrs	Tubing Pressure 50#	Casing Pressure 250#	Choke Size 20/64
Actual Prod. During Test 90	Oil - Bbls. 90	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

I. 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.

W. T. Tanager
(Signature)
President
July 2, 1970
(Date)

OIL CONSERVATION COMMISSION
JUL 6 1970
APPROVED _____, 19____
BY **W. T. Tanager**
TITLE **SUPERVISOR DISTRICT**
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 deviated 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 Form C-104 must be filed for each pool in multi-completed wells.