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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

"CONFIDENTIAL"

*Confidential*

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JUL 10 1969

I. Operator **Dalport Oil Corporation** **O.C.C. ARTERIA, OFFICE**

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:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry 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 **Spurck-State** Well No. **3** Pool Name, Including Formation **Undesignated-Queen** Kind of Lease **State, Federal or Fee** Lease No. **B-TU418-78**

Location **I** **1980** Feet From The **South** Line and **660** Feet From The **East**

Unit Letter **36** Township **148** Range **29E** , NMPM, **Chaves** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Permian Corporation</b>	<b>P. O. Box 3119, Midland, Texas 79701</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Flaring</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>H</b> Sec. <b>36</b> Twp. <b>14</b> Rge. <b>29</b> Is gas actually connected? <b>No</b> When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil <input checked="" type="checkbox"/> Well	Gas Well	New <input checked="" type="checkbox"/> Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>6-30-69</b>	Date Compl. Ready to Prod. <b>7-18-69</b>	Total Depth <b>2010</b>	P.B.T.D. <b>1966</b>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation <b>Queen</b>	Top Oil/Gas Pay <b>1931.5</b>	Tubing Depth <b>1925 KB</b>					
Perforations <b>1931.5-37, 1938-41, .45" holes</b>	Depth Casing Shoe <b>2001</b>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>11"</b>	<b>8 5/8"</b>	<b>186</b>	<b>100 Circulated</b>					
<b>7 7/8"</b>	<b>5 1/2"</b>	<b>2001</b>	<b>275 Circulated</b>					
	<b>2 3/8"</b>	<b>1925</b>	<b>None</b>					

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 <b>July 8, 1969</b>	Date of Test <b>July 8, 1969</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>3 Hrs</b>	Tubing Pressure <b>120</b>	Casing Pressure <b>400</b>	Choke Size <b>12/64</b>
Actual Prod. During Test <b>11</b>	Oil-Bbls. <b>11</b>	Water-Bbls. <b>0</b>	Gas-MCF <b>4.4</b>

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.

*W. P. Tansel*

President

July 9, 1969

(Date)

OIL CONSERVATION COMMISSION

APPROVED

JUL 10 1969

BY

*W. A. Gressett*

TITLE

OIL AND GAS INSPECTOR

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

Separate Forms C-104 must be filed for each pool in multiple completed wells.

# INCLINATION REPORT

OPERATOR Dalport Oil Corp. ADDRESS 3471 First National Bank Bldg.  
 LEASE Spurck State WELL NO. 3 FIELD Chaves County, N. M.  
 LOCATION 1980' FSL & 660' FEL, Sec. 36, T-14-S, R-29-E

Depth	Angle Inclination 'degrees)	Displacement	Displacement Accumulated
186'	1/4	0.8184	0.8184
686'	1/2	4.3500	5.1684
1180'	3/4	6.4714	11.6398
1648'	1	8.1900	19.8298
2015'	1-1/2	9.6154	29.4452

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JUL 10 1959

O. C. C.  
ARTERIA. OFFICE

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

Cactus Drilling Company

*Ronnie Ramsey*  
 Title: Clerk

Affidavit:

Before me, the undersigned authority, appeared Ronnie Ramsey known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

*Ronnie Ramsey*  
 (Affiant's Signature)

Sworn and subscribed to in my presence on this the 3 day of July  
1969.

*Argene R. Brown*  
 Notary Public in and for the County  
 of Lea, State of New Mexico

Seal