

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

RECEIVED  
OCT 9 1970

O. C. C.  
ARTESIA, OFFICE

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

I. Operator **Dalport Oil Corporation**

Address **3471 First Natl Bank Bldg., Dallas, Texas 75202**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Spurck-State</b>	Well No. <b>10</b>	Pool Name, Including Formation <b>Double L Queen</b>	Kind of Lease State, <del>Spurck-State</del>	Lease No. <b>B-10418-78</b>
Location Unit Letter <b>0</b> ; <b>1980</b> Feet From The <b>east</b> Line and <b>330</b> Feet From The <b>South</b> Line of Section <b>25</b> Township <b>14S</b> Range <b>29E</b> , NMPM, <b>Chaves</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Navajo Refining Co-Pipe Line Division</b>	Address (Give address to which approved copy of this form is to be sent) <b>1111 W. Foothill Blvd. Azusa, Calif</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>None</b>	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 <b>H/I</b>	Sec. <b>36</b>
	Twp. <b>14</b>	Rge. <b>29</b>
	Is gas actually connected?	When
	<b>No</b>	

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 Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>9-6-70</b>	Date Compl. Ready to Prod. <b>9-13-70</b>	Total Depth <b>2001</b>	P.B.T.D. <b>1964</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3837 gr. 3847KB</b>	Name of Producing Formation <b>Queen</b>	Top Oil/Gas Pay <b>1917</b>	Tubing Depth <b>1905</b>					
Perforations <b>1917-19, 1920.5-22.5, 1923-24.5</b>	Depth Casing Shoe <b>1999</b>							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>11</b>	<b>8 5/8</b>	<b>324</b>	<b>175 sx 'C' circulated</b>
<b>7 7/8</b>	<b>5 1/2</b>	<b>1999</b>	<b>200 sx lite, 100 sx 'C' 50-50 Poz 8# salt/</b>
	<b>2 3/8</b>	<b>1905</b>	<b>sx</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>9-30-70</b>	Date of Test <b>10-1-70</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24</b>	Tubing Pressure <b>-</b>	Casing Pressure <b>-</b>	Choke Size <b>-</b>
Actual Prod. During Test <b>9 b</b>	Oil-Bbls. <b>98</b>	Water-Bbls. <b>0</b>	Gas-MCF <b>-</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.

(Signature)  
**President**  
(Title)  
**10/7/70**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 9 1970**, 19  
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 multiply completed wells.

# INCLINATION REPORT

OPERATOR Dalport Oil Corp. ADDRESS 3471 First Nat'l Bank Bldg.  
 LEASE Spurck WELL NO. 10 FIELD \_\_\_\_\_  
 LOCATION 330' ESL & 1980' FEL, Section 25, T-14-S, R-29-E, Chaves County

Depth	Angle Inclination 'degrees)	Displacement	Displacement Accumulated
324'	1/4	1.4256	1.4256
801'	1/4	2.0988	3.5244
1273'	1/2	4.1064	7.6308
1670'	3/4	5.2007	12.8315
1913'	1/2	2.1141	14.9456
2001'	1/2	0.7656	15.7112

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 11 day of Sept.  
19 70.

Seal

*Agnes R. Brown*  
 Notary Public in and for the County  
 of Lea, State of New Mexico  
 My Commission Expires Feb. 6, 1973