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LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
RECEIVED AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

JAN 6 1971

O. C. C.

ARTESIA OFFICE

I. 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:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	FLARED AFTER <u>3-1-71</u>
		Dry Gas	<input type="checkbox"/>	UNLESS AN EXCEPTION TO R-4070
		Condensate	<input type="checkbox"/>	IS OBTAINED

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rob	Well No. 3	Pool Name, Including Formation Double L Queen	Kind of Lease State, Federal or Lease	Lease No. K-6647
Location Unit Letter P ; 990 Feet From The South Line and 330 Feet From The East Line of Section 1 Township 15S Range 29E , NMPM, Chaves 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"/> Navajo Refining Co Pipe Line Division	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"/>	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 H/I	Sec. 1	Twp. 15S	Rge. 29E	Is gas actually connected? No	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 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 12-11-70	Date Compl. Ready to Prod. 12-20-70	Total Depth 2050	P.B.T.D. 2011					
Elevations (DF, RKB, RT, GR, etc.) 3883 gr	Name of Producing Formation Queen	Top Oil/Gas Pay 1967	Tubing Depth 1956KB					
Perforations 1967-69, 1971-73.5 2 Shots/ft, .41" holes			Depth Casing Shoe 2043					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 11"	CASING & TUBING SIZE 8 5/8		DEPTH SET 338		SACKS CEMENT 175 sx 'C' + 2% CC			
7 7/8	5 1/2		2043		circulated			
	2 3/8		1956		200 sx lite, 100 sx			
					'C', 50-50 Poz + 2%			

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)

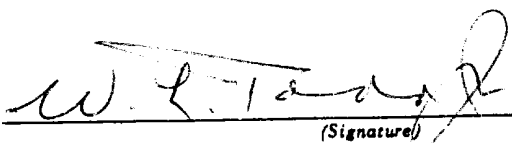
Date First New Oil Run To Tanks 12-30-70	Date of Test 1-1-71	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 95	Oil - Bbls. 95	Water - Bbls. 0	Gas - MCF -

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

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.



President

Jan 4, 1971

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 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

IN OBTAINED
EXERCISE AN EXERCISE TO R-100
PLANNED AFTER
CARRIED OUT THE NEXT NOT BE

INCLINATION REPORT

OPERATOR Dalport Oil Corporation ADDRESS 3471 1st. National Bank Bldg.
 LEASE Rob WELL NO. 3 FIELD _____
 LOCATION 990' FEL & 300' FEL, Sec. 1, T-15-S, R-29-E, Chaves County

Depth	Angle Inclination 'degrees)	Displacement	Displacement Accumulated
338'	1/4	1.4872	1.4872
827'	1/2	4.2543	5.7415
1297'	3/4	6.1570	11.8985
1728'	1	7.5425	19.4410
1961'	3/4	3.0523	22.4933
2050'	3/4	1.1659	23.6592

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


Cactus Drilling Company


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.


 (Affiant's Signature)

Sworn and subscribed to in my presence on this the 16 day of Dec.
19 70.


Notary Public in and for the County
of Lea, State of New Mexico

Seal