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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

RECEIVED

MAY 25 1972

D. C.
ARTESIA, N.M.

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"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE FLARED AFTER 7-22-72 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED	
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

Cl. #2-75
5-132
5-132

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Todhunter-Federal	1	South Lacey Lake Queen Undesig. - Queen	State, Federal or Fee	NM 0557567
Location				
Unit Letter	F	2310	Feet From The	North
		Line and	1650	Feet From The
		West		
Line of Section	22	Township	15S	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)
The Permian Corp.				P.O. Box 3119, Midland, Tex. 79701
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)
None				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	E	22	15	29
Is gas actually connected?	When			
No				

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X			X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
4-18-72	5-22-72		1827'		1801'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3844 CTF	Queen		1777'		1784 g.m.			
Perforations					Depth Casing Shoe			
1777-83					1826			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8" - 20#	279	150 sx. "C", 2# CC
8"	5 1/2" - 14#	1826	175 lite, 100 "C",
			50# Poz, 8# salt, 2#
	2"	1775	gel. None.

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
5-22-72	5-22-72	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.		290#	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
90 bbls. fluid	45	45	

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.

Geologist

(Title)

5-22-72

(Date)

OIL CONSERVATION COMMISSION

MAY 26 1972

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 completed wells.