:	UISTRIBUTION		ONSERVATION CC ISSION	Form C-104 Supersedes Old C-104 and C-11: Effective by St	
	FILE VV	r -	AND	Effective 1-1-65	
	U.S.G. S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL		
	LAND OF FICE			RECEIVED BY	
	TRANSPORTER GAS	-			
	OPERATOR UN			JUL 19 1984	
-	PROBATION OFFICE	,			
1.	Operator		(1)	O. C. D.	
	DeltaUS Corpora	ation	WIW	ARTESIA, OFFICE	
	Address				
	3100 C, North '	'A" Street, Midland, Texa	is 79705		
	Reason(s) for filing (Check proper box)		Other (Please explain)		
	New Woll	Change in Transporter of:	Name change fro	om Delta Drilling Company	
	Recompletion	CII Dry Ga		· · · ·	
	Chonge in Ownership	Cosinghead Gas 📃 Conden	sate		
			2100 C North II2II Chry	ot Midland Moura 70705	
	and address of previous owner	Delta Drilling Company,	3100 C, North "A" Stre	eet, Midland, Texas 79705	
11.	DESCRIPTION OF WELL AND I	Vell No.; Poel Name, Including Fo	Kind of Le	ease Lease No.	
	State, Federal or Fee				
Continental E State 4 Artesia Q-G-SA State F4201				State 1_F4201	
	Location Unit Letter F : 2310 Feet From The North Line and 1911 Feet From The West				
	Unit Letter F : 231	U Feet From The NOTEN Lin	and 1711 Feel Fro	MCDL	
		mship 175 Range	29 19E , NMPM,	Eddy County	
	Line of Section 30 Tow	mship 1/5 Range			
***	I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
m.	Neme of Authorized Transporter of Oil	or Condensate	Address (Give address to which ap	proved copy of this form is to be sent)	
Nome of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is t				proved copy of this form is to be sent)	
			•		
		Unit Sec. Twp. P.ge.	Is gas actually connected?	When	
	If well produces oil or liquids, give location of tanks.				
	the station is commingled with	b that from any other lease or pool.	give commingling order number:		
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA				Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back				Prug Back Same rica (1 Shin rica (1	
	Designate Type of Completion			P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		
		Name of Producing Formation	Top O!!/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Fronting - Law and			
	Perforations	1	1	Depth Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
				Pest ID-3	
				3-29-85	
				ay. Op.	
			L		
V.	V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed to able for this depth or be for full 24 hours)				
OIL WELL				s lift, etc.)	
	Date First New Oil Run To Tanks				
		Tubing Pressure	Casing Pressure	Choke Size	
	Length of Test				
	Actual Pred. During Test	OII-BEIs.	Water-Bbis.	Gas-MCF	
	GAS WELL			Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test	Bbis, Cordensate/MMCF	Gravity of consensation	
			Casing Pressure (Shut-in)	Choke Size	
	Teating Method (pitot, back pr.)	Tubing Pressue (Ehut-in)	Caring Pleasa (2244)		
			OUL CONSER	VATION COMMISSION	
VI.	CERTIFICATE OF COMPLIAN	CE	FI · ·		
	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.		APPROVED MAR 22 1985		
			This form is to be filed in compliance with RULE 1104.		
	Ron Brown		II for a newly drilled or despended		
	(Duie)		well, this form must be accompanied by a theorem in the sector of the sector with RULE 111. All sections of this form must be filled out completely for allow- able 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.		
	(D)		Separate Forma C-104 1	must be filed for each pool in multiply	
			completed wells.		