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U.S.G.S.

LAND OFFICE

TRANSPORTER OIL / GAS

OPERATOR

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 1-1-58

RECEIVED
O. C. C.
ARTESIA, OFFICE

I. Operator
Dalco, Inc.

Address
800 Central, Odessa, Texas 79760

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

New Well: —
Recompletion: —
Change in Ownership: —
Change in Transporter of: Oil —, Dry Gas —, Casinghead Gas —, Condensate —

If change of ownership give name and address of previous owner

II. Description of Well and Lease

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Artesia Unit	42	Artesia Queen Grayburg San Andres	State, Federal or Fee State	B-6043

Location
Unit Letter D, 990 Feet From N. Line and 330 Feet From The West Line

Unit of Section	Township	Range	NMPM,	County
D	18	28		Eddy

III. Authorization to Transport Oil and Natural Gas

Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Company Pipe Line Division	Bryson, New Mexico
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Corporation	Odessa, Texas

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	2	18	28	Yes	November, 1967

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.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth

Perforations	Depth Casing Shoe

Material Cement and Cementing Record

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 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.)

Length of Test	Tubing Pressure	Casing Pressure	Choke Size

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	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.

(Signature)
Chief Production Clerk
(Title)
June 25, 1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 24 1969, 19

BY

TITLE

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, it 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