	-			
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	DISTRIBUTION		CONSERVATION COMMISSION	
	SANTA FE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110
	FILE / P	-	AND	Effective 1-1-65
	LAND OFFICE		ANSPORT OIL AND NATURAL (GAS
		. PE	CEIVED	
	TRANSPORTER GAS	1		
	OPERATOR /] (SEP 2 0 1973	
I.	PRORATION OFFICE	1		
	Dorchester Exploration, Inc. O.C.C.			
	Address ARTESIA, OFFICE			
	1204 Vaughn Bldg., Midland, Texas 79701			
Reason(s) for filing (Check proper box) Other (Please explain				
	New Well	Change in Transporter of:		
	Change in Ownership	Casinghead Gas Conder	nsate	
	If change of ownership give name			
	and address of previous owner	E- 4664 +	Speary Das	
11.	DESCRIPTION OF WELL AND	LEASE MUNA	· · · · · · · · · · · · · · · · · · ·	
	Lease Name	Well No. Pool Name, Including F		
	DWU-Federal	2 unnamed-Wolfc	amp State, Fødera	^{Il or Fee} Federal 0473362
	Unit Letter F ; 1980 Feet From The North Line and 1980 Feet From The West Line of Section 35 Township 198 Range 28E , NMPM, Eddy			
				J
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA		
	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Permian Corporation Box 1183, Houston, Texas			
	Name of Authorized Transporter of Cas		Box 1183, Houston, T Address (Give address to which appro	exas ved copy of this form is to be sent)
	El Paso Natural Ga		Box 1384, Jal, New Mex	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	
	give location of tanks.	F 35 198 28E	No $l/e > Es$	cimated 9=21=73-
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:	
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completio	n-(X) X $-X$	X	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	6-25-73	8-31-73 Name of Producing Formation	11,400	9,350
	Elevations (DF, RKB, RT, GR, etc.)	i de la constanción d	Top Óil/Gas Pay	Tubing Depth
	3307 GR 3319 KB Perforations	Wolfcamp	9,063	8,980 Depth Casing Shoe
	9063-9128 16 holes			9.400
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	17 1/2	13 3/8	321	325
	12 1/4	8 5/8	3030	775 / /
	7.7/8	4 1/2	9400	300 / 🔍 /
		1		and must be equal to or exceed top allow-
Ψ.	TEST DATA AND REQUEST FO	ALLOWABLE {lest must be a; able for this de	pth or be for full 24 hours)	and must be equal to or exceed top apow-
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF
	-			
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	7,592 AOF Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	L64.6 Casing Pressure (Shut-in)	58 5 ⁰ APT Choke Size
	Back Pressure	2952		Various - 4 point
VI.	CERTIFICATE OF COMPLIANCE			
• = •			ART 4 1973	
	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.			19
			BY_ W. a. Spessett	
	$\langle n \rangle$		TITLE <u>- Ma And Gas inspector</u>	
	hlun		This form is to be filed in compliance with RULE 1104.	
	Signa	twe)	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	
	//Engineer		tests taken on the well in accordance with RULE 111.	
	(Title)		All sections of this form must be filled out completely for allow- able on new and recompleted wells.	
	9-18-73		Fill out only Sections I. II. III. and VI for changes of owner,	
	(Da	le)	well name or number, or transporter, or other such change of condition.	

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.