1.	Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership	REQUEST A AUTHORIZATION TO TRA	Other (Please explain) Name change from only.	JUL 19 1984 O. C. D. ARTESIA, OFFICE
	If change of ownership give name Delta Drilling Company, 3100 C, North "A" Street, Midland, Texas 79705 and address of previous owner			
11.	DESCRIPTION OF WELL AND I Lease Name South Culebra Bluff Un Location Unit Letter L ; 1	Vell No. Pool Name, Including Fo	Bluff Atoka State, Feder	ral or Fee Federal 0542015
	Line of Section 13 Township 23-S Range 28-E , NMPM, Eddy Con			
н <b>.</b>	DESIGNATION OF TRANSPORT Nerre of Authorized Transporter of OII Manual Permise Nerre of Authorized Transporter of Cas Lange 12 Manual If well produces off or liquida, give location of tarks.	or Conder.sate	S Address (Give address to which appr Address (Give address to which appr Address (Give address to which appr 400, 492, 404 Is gas actually connected?	a TX TTD) oved copy of this form is to be sent)
	If this production is commingled with that from any other lease or pool, give commingling order number:			
IV.	COMPLETION DATA Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc.;	Date Compl. Ready to Prod.	New Well Workover Deepen Total Depth Top Oil/Gas Pay	Plug Back Same Res'v. Diff. Res'v. P.B.T.D. Tubing Depth
	Perlorations			Depth Casing Shoo
		TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
				3-29-85 Chg. Ap.
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or ex able for this depth or be for full 24 hours) OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				ll and must be equal to or exceed top allow-
	Length of Test	Tubing Pressure	Cosing Pressure	Choke Size
	Actual Prod. During Test	Oil-BEls.	Water - Bble.	Gas-MCF
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbla. Condensate/MMCF	Gravity of Condensate
	Testing kiethod (pitot, back pr.)	Tubing Pressue (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI.	CERTIFICATE OF COMPLIANC	l CE		ATION COMMISSION
	the student is the rules and regulations of the Oil Conservation		APPROVED	
	Commission have been complied with and that the information given sbove is true and complete to the best of my knowledge and belief. May More Ron Brown (Signature) Senior Engineer (Title) 7/16/5/		BY         ORIGINAL SIGNED           BY LARRY BROOKS           TITLE         GEOLOGIST - NMOCD   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 allow- able on new and recompleted wells. Fill out only Sections I, II. III, and VI for changes of owner.	
	(Da	(e)	Fill out only Sections 1, 11, 111, and the such change of condition. Well panie or number, or transporter, or other auch change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.	