

U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION OFFICE			

ALL AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVED

FEB 1 1980

O. C. D.

ARTESIA, OFFICE

Operator Delta Drilling Company

Address P. O. Box 3467, Midland, Texas 79702

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	Request for a test allowable of 1200 barrels to test well until March 6, 1980. <i>OH 6180-9802 Bone Springs</i>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

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.
South Culebra Bluff Unit	4	South Culebra Bluff Bone Springs	State, Federal or Fee Fee	
Location				
Unit Letter		Feet From The	Line and	Feet From The
A	660	North	560	East
Line of Section	Township	Range	NMPM,	County
23	23	23 25	Eddy	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation	Box 1183, Houston, Texas 77001
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)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	A 23 23 28 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		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
8/9/79	10/6/79	9802		9802				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
2987.1 GR	Bone Springs	6260		9759				
Perforations	Depth Casing Shoe							
Open hole from 6180' to 9802'	6180							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		440		550			
12-1/4	7-5/8		6185		6200			
6-1/2	2-3/8		9759					

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.)	
1/04/80	1/30/80	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	21	21	NA
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
25	15	10	*TSTM

*Well is producing only enough gas to operate unit and heater.

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.

J. E. Brusenhan J. E. Brusenhan
 (Signature)
 Operations Manager
 (Title)
 1/30/80
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED FEB 1 1980
 BY W. A. Gasset
 TITLE SUPERVISOR, DISTRICT II

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 Form C-104 must be filed for each pool in multiply completed wells.