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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator DELTA DRILLING COMPANY ✓	
Address P.O. BOX 3467 MIDLAND, TEXAS 79702	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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 AMOCO FEDERAL	Well No. 3	Location <i>R-6542 Bluff- Sec Culebra Bone Springs</i> SOUTH CULEBRA BLUFF BONE SPRINGS	Kind of Lease State, Federal or Fee FEDERAL	Lease No. 32636
Location Unit Letter <u>H</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>11</u> Township <u>23-S</u> Range <u>28-E</u> , NMPM, <u>Eddy</u> County				

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) BOX 1183 HOUSTON, TEXAS 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) BOX 1492 EL PASO, TEXAS 79978	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 11
	Twp. 23	Rge. 28
	Is gas actually connected? <u>Yes</u> When <u>8/1/80</u>	

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 (X)	Gas Well	New Well (X)	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2/28/80	Date Compl. Ready to Prod. 8/1/80		Total Depth 9692'		P.B.T.D. 9692'			
Elevations (DF, RAB, RT, GR, etc.) 3004.5	Name of Producing Formation BONE SPRINGS		Top Oil/Gas Pay		Tubing Depth 9625'			
Perforations OPEN HOLE				Depth Casing Shoe 6270'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		450		600 SX CLASS C			
9-1/2	7-5/8		6270		2200TLW, 200SX Class H			
6-1/2	Open Hole							
	2-3/8		9625					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 4/22/80	Date of Test 8-6-80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure -0-	Casing Pressure 30	Choke Size 1"
Actual Prod. During Test	Oil-Bbls. 13.9	Water-Bbls. 40	Gas-MCF 23

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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)
Production Manager
(Title)
August 7, 1980
(Date)

OIL CONSERVATION COMMISSION
APPROVED AUG 11 1980
BY W. A. Gressett
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 Forms C-104 must be filed for each pool in multiply completed wells.