

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
REGISTRATION OFFICE	

Operator
BISON PETROLEUM CORPORATION

Address
203 W. 8th Suite 510 Amarillo, TX 79101 806/374-5274

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

New Well Change in Transporter of: Oil Dry Gas Condensate

Recompletion

Change in Ownership **CHANGE OF OPERATOR**

If change of ownership give name and address of previous owner **Dalport Oil Corp. 3471 1st Nat'l Bank Bldg. Dallas, TX 75202**

DESCRIPTION OF WELL AND LEASE

Lease Name SUN FEDERAL	Well No. 1	Pool Name, including Formation SE Chaves Queen Gas Area	Kind of Lease State, Federal or Fee Federal	Lease No. 0507217
Location Unit Letter C , 1980 Feet From The West Line and 660 Feet From The North Line of Section 13 Township 13S Range 30E , N.M.P.M., CHAVES County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
CABOT PIPELINE CORPORATION	P.O. Box 3784 Charleston, W. VA 25337
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs. Is gas actually connected? When
	YES 3-15-76

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.S.T.D.					
Elevations (DB, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

OIL WELL

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 (Flow, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Elizabeth G. Lyons
(Signature)
Administrative Secretary
(Title)
12-8-82
(Date)

OIL CONSERVATION DIVISION

APPROVE **FEB 2 1983**, 19

BY **ORIGINAL SIGNED BY EDDIE SEAY**

TITLE **OIL & GAS INSPECTOR**

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 division 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.

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FEB 1 1983

DEC 10 1982

G.C.D. HOBBS OFFICE

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