

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION 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:
 Recompletion Oil Dry Gas Change of Operator
 Change in Ownership Casinghead Gas Condensate

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: STATE 16 Well No.: 2 Pool Name, including Formation: Vest Ranch Queen Asso. Kind of Lease: STATE Lease No.: L-414
 Location: Unit Letter G, 2310 Feet From The North Line and 2310 Feet From The East
 Line of Section 16 Township 14S Range 30E, NMPM, CHAVES County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
 THE PERMIAN CORPORATION Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 Houston, Texas 77001
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
 VENTED 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 J, Sec. 16, Twp. 14, Rge. 30 Is gas actually connected? NO When Unknown

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.
 Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
 Elevations (DF, 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 (pitot, 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.
Melizabeth Lyons
 Administrative Secretary
 12-8-82
 (Signature) (Title) (Date)

OIL CONSERVATION DIVISION
 APPROVED FEB 2 1983
 ORIGINAL SIGNED BY EDDIE SEAY
 BY _____
 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 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.

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HOBBS OFFICE