

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-11
Effective 1-1-65

RECEIVED
OCT 14 1982

Operator	Delta Drilling Company
Address	3100-C, North "A" Street, Midland, Texas 79701

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

If change of ownership give name and address of previous owner _____
Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service.

DESCRIPTION OF WELL AND LEASE				
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
McGuffin Federal	1	Wildcat Wolfcamp	State, Federal or Fee Fed	15902-B
Location				
Unit Letter	M	660	Feet From The West	Line and 860
Line of Section		35	Township	9 South
Range		32 East	, NMPM, Lea	
			County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
WESTERN CRUDE OIL, INC.	P. O. Box 1142, Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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
	M	35	9	32	NO	

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 Rest.	Diff. Rest.
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
6-4-82	8-11-82		9238'		9196'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
4298' GR	Wolfcamp		8248		8960'			
Perforations					Depth Casing Shoe			
8248-9118					9238			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	400	425
11	8 5/8	3700	1700
7 7/8	5 1/2	9238	1750

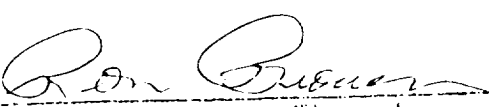
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9-13-82	10-9-82	PUMP	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	20	--	1"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
200	50	150	TSTM

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


Ron Brown Senior Engineer
10-11-82
(Date)

OIL CONSERVATION COMMISSION
OCT 27 1982
APPROVED _____, 19____
ORIGINAL SIGNED BY
JERRY SEXTON
DISTRICT 1 SUPR.
TITLE _____
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 depth tests taken on the well in accordance with RULE 111.
All portions of this form must be filled out completely for allowable on new and re-completed 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 conditions.

RECEIVED
OCT 22 1982
C.C.D.
HOBBBS OFFICE