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

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

RECEIVED
OCT 14 1982
OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

Operator
Delta Drilling Company

Address
3100-C, North "A" Street, Midland, Texas 79701

Reason(s) for filing (Check proper box)
New Well [XX]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

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 Feet From The South 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 [X] or Condensate [ ]
WESTERN CRUDE OIL, INC.

Address (Give address to which approved copy of this form is to be sent)
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 Resv.	Diff. Resv.
	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)

OIL WELL

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/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 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
(Signature)
Ron Brown Senior Engineer
(Title)
10-11-82
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 27 1982, 19

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT 1 SUPR.

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