

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Davcro, Inc.		Well API No. 3D-D25-31469
Address 2124 Broadway, Lubbock, TX 79410		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gulf Federal	Well No. 5	Pool Name, Including Formation Sawyer San Andres (Assoc)	Kind of Lease State Federal or XXX	Lease No. NM-03318
Location Unit Letter I : 1980 Feet From The South Line and 660 Feet From The east Line Section 29 Township 9S Range 38E, NMPM, Lea 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"/> Lantern Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2281, Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Trident NGL, Inc.	Address (Give address to which approved copy of this form is to be sent) 10200 Grogans Mill Rd., Woodlands, TX 77380					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 29	Twp. 9S	Rge. 38E	Is gas actually connected? yes	When? 1/19/92

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12/7/91	Date Compl. Ready to Prod. 1/19/92		Total Depth 5020		P.B.T.D. 5008			
Elevations (DF, RKB, RT, GR, etc.) 3931 GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 4900'		Tubing Depth 5000			
Perforations 4951 - 4996'					Depth Casing Shoe 5008			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 425'		SACKS CEMENT 260 sks Class C			
7-7/8"	5-1/2" J55		5008'		1300 sks Class C			
					200 sks Class C			

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.)

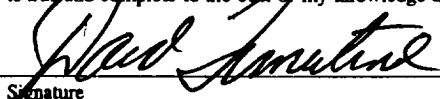
Date First New Oil Run To Tank 1/19/92	Date of Test 2/1/92	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 52	Casing Pressure 52	Choke Size --
Actual Prod. During Test	Oil - Bbls. 14	Water - Bbls. 36	Gas- MCF 97

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. OPERATOR 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.

Signature 
David Turrentine President
Printed Name Title
1/20/92 (806) 763-2252
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 21 1992
Orig. Signed by
By Paul Kautz
Geologist
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.