## SANTA FE REQUEST FOR ALLOWABLE HOE O. O. O. O. Supersedes Old C-104 and C-110 FILE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS U.S.G.S. LAND OFFI TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Dalport Oil Corporation Address First National Bank Bldg, Dallas, Texas 75202 Reason(s) for filing (Check proper New Well Change in Transporter of: Dry Gas Oil Recompletion CHANGE IN POOL DESIGNATION Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease State Federal of Fex Chavereo-San Andres Federal. Location \_\_ Feet From The \_\_\_**South** i 660 Feet From The West Line and 660 , NMPM, Range 33E Township 78 Line of Section Roosevelt DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas When Is gas actually connected? Twp. Rge. If well produces oil or liquids, سد النشد سناد النساد give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Same Res'v. Diff. Res'v. Plug Back Oil Well Gas Well New Well Workover Designate Type of Completion - (X) P.B.T.D. Date Spudded Date Compl. Ready to Prod. Total Depth Tubing Depth Top Cil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET (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) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Cil Run To Tanks Date of Test Choke Size Tubing Pressure Casing Pressure Length of Test Water - Bbls. Gas - MCF Oil-Bbls. Actual Prod. During Test **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Length of Test Actual Prod. Test-MCF/D Choke Size Casing Pressure Testing Method (pitot, back pr.) Tubing Pressure

## 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.

President (Title)

OIL CONSERVATION COMMISSION

JAN APPROVED Engineer Dismid 9 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 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.