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

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE.

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PRORATION OFFICE Operator Dalport Oil Corporation Address 3471 First National Bank Bldg. Dallas, Texas 75202 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion OII Dry Gas Casinghead Gas Condensate Change in Ownership If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE ell No. Pool Name, Including Formation Kind of Lease NM-042253 State, Federal or Fee Chaveroo-San Andres Wederal 2 Location South Line and West L Feet From The Feet From The Unit Letter 27 7-S 33-E Roosevelt NMPM, County Township Range Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent)

** Don Kennedy, P.O.Box 900, Dallas, Texas Magnolia Pipe Line Company Name of Authorized Transporter of Casinghead Gas 🛣 or Dry Gas 🗀 Address (Give address to which approved copy of this form is to be sent) Cities Service Oil Company Bartlesville, Oklahoma July 24th, 1965 33E Is gas actually connected? If well produces oil or liquids, give location of tanks. LM If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back | Same Resty. Diff. Resty. Gas Well New Well Workover Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth P.B.T.D Date Spudded Tubing Depth Top Oll/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE **DEPTH SET** HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gas - MCF Oil-Bhis. Water - Bbls. Actual Prod. During Test **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Length of Test Actual Prod. Test-MCF/D Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE APPROVED 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. TITLE This form is to be filed in compliance with RULE 1104. (Signature)

President

June 15th, 1967

(Date)

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, ell 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.





Job separation sheet

NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE FOR S. C. C. AND

AUTHORIZATION TO TRANSPORT POH AND HATEL AL LES

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

	TRANSPORTER OIL GAS OPERATOR		JP117	Mary and the second				
I.	PRORATION OFFICE Operator	Land Land						
	Dalport Oil Corporation Address							
	3h7l First National Bank Eldg. Dallas, Texas 75202							
	Reason(s) for filing (Check proper box,	Reason(s) for filing (Check proper box) Other (Please explain)						
	New We!l	Besignate date that transporter took first casinghead gas						
	Recompletion							
	Change in Ownership	Casinghead Ga	s Conder	isdie				
	If change of ownership give name and address of previous owner							
II.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.							
	Pederal	Andres Recognition Research						
	Location	20	Gandh	a and 660		west		
	Unit Letter ; 19	Feet From The	Lin Lin	e and	Feet From '	The Webv		
	Line of Section 27 Tov	vnship 7-S	Range	33-E , NMPN	A, Roos	evelt	County	
111.	DESIGNATION OF TRANSPORT	Address (Give address		ved copy of this form is				
	Magnolia Pipe Line Com			ved copy of this form is				
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Capitan, Inc			P. O. Box 19	598, Dall	as, Texas		
	If well produces oil or liquids, give location of tanks.	Unit Sec. L/M 27	7S Rge. 33E	Is gas actually connec	ted? Wh	July 24th,	1966	
	If this production is commingled with COMPLETION DATA	h that from any oth	er lease or pool,	give commingling orde	er number:			
- • •	Designate Type of Completion - (X)			New Well Workover	Deepen	Plug Back Same Re	s'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready	to Prod.	Total Depth		P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Formation	Top Oil/Gas Pay		Tubing Depth		
	Perforations					Depth Casing Shoe		
	TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT	
V.	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 allow able 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.)							
	Date First New Oil Run To Tanks	Date of Test		Producing Method (Fibm, Pamp, gas sijs, etc.)				
	Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
	Actual Prod. During Test	Oil-Bbls.		Water - Bbls.		Gαs - MCF		
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (S	hut-in)	Casing Pressure (Shut-in)		Choke Size		
VI.	CERTIFICATE OF COMPLIANCE			OIL CONSERVATION COMMISSION				
		APPROVED, 19						
	I hereby certify that the rules and : Commission have been complied v		**************************************					
	above is true and complete to the	BY SELECT		Me Constant				
				TITLE	-	,. Y	ייי	

(Signature)

(Title)

August 11th, 1966 (Date)

President

This form is to be filed in compliance with RULE 1104.

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