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LAND OFFICE	
TRANSPORTER	OIL
	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-110

Effective 1-1-65

HOBBS OFFICE-0.C.C.

MAR 4 11 58 AM '66

Conservation

Operator Dalport Oil Corporation	
Address 3471 First National Bank Building, Dallas, Texas 75202	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	REQUEST FOR NEW ALLOWABLE
Recompletion <input type="checkbox"/>	Retested for 24 Hours
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Federal	Lease No. NM-042253	Well No. 2	Pool Name, including Formation Chaveroo-San Andres	Kind of Lease SEKK Federal OKKK
Location				
Unit Letter L	1980 Feet From The South Line and 660 Feet From The West			
Line of Section 27	Township 7-S	Range 33-E	NMPM, Roosevelt	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Magnolia Pipe Line Co	% Don Kennedy, P. O. Box 900, Dallas, Texas			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Capitan, Inc	P. O. Box 19598, Dallas, Texas			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	L/M	27	7-S	33-E
Is gas actually connected? No	When Approx. March 15, 1966			

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded Feb. 1, 1966	Date Compl. Ready to Prod. Feb. 22nd, 1966	Total Depth 4150	P.B.T.D. 4147					
Elevations (DF, RKB, RT, GR, etc.) 4109 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 4200	Tubing Depth 4194					
Perforations 4200-4207-4232-4249-4260-4271-4280-4297-4308-4313-4318	Depth Casing Shoe 4147							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8"	387'	200
7 7/8"	4 1/2"	4147'	300
	2 3/8"	4194'	

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 Tanks Feb. 23rd, 1966	Date of Test Feb. 25th, 1966	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 300#s	Casing Pressure -	Choke Size 19/64ths
Actual Prod. During Test 133	Oil-Bbls. 133	Water-Bbls. 0	Gas-MCF 95.5

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

W. F. L. ...
(Signature)

President

(Title)

March 3rd, 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED *[Signature]*, 19

BY *[Signature]*

TITLE *[Signature]*

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.