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FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

President

(Title) 5-23-66

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST, FORSALLOWARL B. 8.

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

Form C-104

		AND				
U.S.G.S.	AUTHORIZATION TO TE	AUTHORIZATION TO TRANSPORT OIL AM TURAL GAS				
LAND OFFICE		LIVI Ca (1) 23 Has AA				
TRANSPORTER OIL						
OPERATOR GAS						
- 2505 471011 055105						
Operator						
Dalnart Oil	Corporation					
Address						
930 Fideli	ty Union Life Hidg. Dalla	s, Texas 75202				
Reason(s) for filing (Check proper		Other (Please explain)				
New Well	Change in Transporter of:					
Recompletion.	Oil Dry	Gas				
Change in Ownership	Casinghead Gas Cond	lensate				
If change of automobile size nom						
If change of ownership give name and address of previous owner _						
			,			
I. DESCRIPTION OF WELL AN		Name, Including Formation	rog-San Andres R. 3081			
Federal	• V	verse-San Andres 1/2	And of Lease			
Location	4 000	West and Syr	otala, i edeldi da da			
	1980' Feet From The North ,	6601	Rest			
Unit Letter ;	Feet From The	ine and Feet Fro	m The			
Line of Section 26	Township Range	33 E , NMPM,	Roosevelt County			
Efficient Section 30	1 ownship 1 realige	, 141011 101,	County			
I. DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL O	GAS				
Name of Authorized Transporter of			proved copy of this form is to be sent)			
Permian Corporati	en .	Bex 3119 Midland,				
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to which app	proved copy of this form is to be sent)			
Capitan, Inc		Box 19598, Dallas, T	exas			
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When			
give location of tanks.	A/H 26 78 33E	No	July 1, 1966			
If this production is comminded	with that from any other lease or poo	I give commingling order number				
V. COMPLETION DATA	with that from any other rease or poor	er, give comminging order number.				
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty,			
Designate Type of Comple	etion $-(X)$	X				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
5-5-66	5 -22-66	4412	4367			
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
Chaveroo	San Andres	4130	4129 K. B. Meas			
Perforations			Depth Casing Shoe			
4130, 48, 53, 60, 8	01, 921, 961, 4211, 161,		<u> 1410</u>			
		ND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
11 "	8 5/8*	362	200			
7 7/8	<u>lı 1/2</u>	ևև10	300			
		<u> </u>				
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load o depth or be for full 24 hours)	il and must be equal to or exceed top allow			
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	-		AC #13			
6 hrs Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	26/61 Gas - MCF			
96	96		51.8			
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 COMPLIA	ANCE	OIL CONSERV	/ATION COMMISSION			
. Can in the or company		UIL CONSERV	-			
I hereby certify that the rules so	nd regulations of the Oil Conservation	APPROVED	, 19			
Commission have been complie	d with and that the information giver	th and that the information given				
above is true and complete to	the best of my knowledge and belief	t of my knowledge and belief.				
TITLE		TITLE				
1N- 11 =	est flo ent		n compliance with RULE 1104.			
	ignature)	If this is a request for all	owable for a newly drilled or deepened panied by a tabulation of the deviation			
(3	ogioususc) /	tests taken on the well in acc	paired by a tabulation of the deviation			

All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out Sections I, II, III, and VI only 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.