REPUBLICA SANTA FE FILE U.S.G.S. LAND OFFICE OIL TRANSPORTER GAS OPERATOR

NEW MEXICO OIL CONSERVATION COMMIS REQUEST FOR ALLOWABLE AND

Supersedes Old C-104 and C-110

Effective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PRORATION OFFICE Dalport Oil Corporation 3471 First National Bank Bldg., Dallas, Texas 75202 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Oil Dry Gas Recompletion Condensate Change in Ownership Casinghead Gas If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE
| Well No. | Pool Name, Including Formation Kind of Lease Lease No. SE Chaves Queen Gas Area XXX L-725 State Com. 1 Location East Unit Letter I _; <u>1980</u> Feet From The <u>South</u> Line and _ 660 Feet From The 19 Range 31-E , NMPM, Chaves Township 12-S 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) Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas 💢 Tuco, Inc. 7917(P.O. Box 1261, Amarillo, Texas Sec. P.ge. Unit Twp. Is gas actually connected? When If well produces oil or liquids, March 15, 1976 give location of tanks. Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v. Oil Well Gas Well New Well Workover Deepen Plug Back $Designate\ Type\ of\ Completion\ -\ (X)$ Total Depth P.B.T.D. Date Compl. Ready to Prod. Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE 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 Water - Bble. Gas - MCF Actual Prod. During Test Oil - Bbls. **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL 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. One, Stored W Reary States Kist J. Sugar. 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 a well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. (Signature)

President (Title)

(Date)

November 4, 1976

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

