| 1 | NO. OF COPIES RECE | IVED | | 1 | |
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| | DISTRIBUTION | | | | |
| | SANTA FE | | | | |
| | FILE | | | | |
| | U.S.G.S. | | | | |
| | LAND OFFICE | | | | |
| | TRANSPORTER | OIL | | | |
| | | GAS | | | |
| į | OPERATOR | | | | |
| | PRORATION OFFICE | | | | |
| | Operator | | | | |
| Dalport Oil C | | | | | |
| | Address | | | | |
| | 3471 | Firs | t 1 | Nat | |
| | Reason(s) for filing (Check proper box) | | | | |
| | New We!l | | | | |
| | Recompletion | | | | |
| | Change in Ownership | | | | |
| | | | | | |

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

| SANTA FE | REQUEST | FOR ALLOWABLE | Supersedes Old C-104 and C-11 | |
|--|---|--|--|--|
| FILE U.S.G.S. | <u> </u> | AND | Effective 1-1-65 | |
| LAND OFFICE | AUTHORIZATION TO TR | ANSPORT OIL AND NATURAL G | AS | |
| OIL | - | | | |
| TRANSPORTER GAS | | | | |
| OPERATOR | | | | |
| PRORATION OFFICE | | | | |
| Operator | | | | |
| Dalport Oil | Corporation | | | |
| | | 7.70 | 0.0 | |
| Reason(s) for filing (Check proper b | ational Bank Building | g, Dallas, Texas 752 | 02 | |
| New We!l | Change in Transporter of: | Oner (Freuse explain) | | |
| Recompletion | Oil Dry C | cas Casinghead Gas | Connection | |
| Change in Ownership | Casinghead Gas Cond | ensate | | |
| | | | | |
| If change of ownership give name and address of previous owner | | | | |
| | | | | |
| . DESCRIPTION OF WELL AN | D LEASE | | | |
| Lease Name | Well No. Pool Name, Including | Ct-t- Dad | 20050 1101 | |
| State C | | Oueen Assoc. State, Federal | D-243 | |
| | Pool | 660 | West | |
| Unit Letter L : 23 | 10 Feet From The South | ine and 660 Feet From T | he WESC | |
| Line of Section 16 | Township 15-S Range | 30-E , NMPM, Chave | S County | |
| Line of Section 10 | Transport To Control Transport | , | County | |
| | RTER OF OIL AND NATURAL G | AS | | |
| Name of Authorized Transporter of | or Condensate | Address (Give address to which approv | ed copy of this form is to be sent) | |
| Little 1 de . | <u> </u> | | | |
| Name of Authorized Transporter of | | Address (Give address to which approv | | |
| Phillips Petroleu | | 4th & Washington St | | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. | 1 . | | |
| | | | pril 7, 1976 | |
| If this production is commingled. COMPLETION DATA | with that from any other lease or pool | , give commingling order number: | | |
| | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. | |
| Designate Type of Comple | tion – (X) | | | |
| 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 | |
| Performina | | | | |
| | TUBING, CASING, AN | D CEMENTING RECORD | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| . TEST DATA AND REQUEST | FOR ALLOWABLE (Test must be | after recovery of total volume of load oil a lepth or be for full 24 hours) | nd 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 life | , etc.) | |
| Date : Not now on the contract | | | | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size | |
| | | | | |
| Actual Prod. During Test | Oil-Bbls. | Water - Bbls. | Gas-MCF | |
| | | | | |
| | | | | |
| GAS WELL | Langth of Tool | Bbls. Condensate/MMCF | Gravity of Condensate | |
| Actual Prod. Test-MCF/D | Length of Test | Dis. Conditisate/MMCF | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | |
| | | | TION COMMISSION | |
| . CERTIFICATE OF COMPLIA | NCE | OIL CONSERVA | TION COMMISSION | |
| | | APPROVED APK | <u></u> | |
| Commission have been complied | d regulations of the Oil Conservation with and that the information given | | 100 | |
| above is true and complete to | he best of my knowledge and belief. | BY WY | PART OF H | |
| | | TITLE | MK TIMP TOPPORT | |
| | | | | |

| w. R. Toda | | | | |
|-------------------|---|--|--|--|
| (Signature) | | | | |
| President (Title) | _ | | | |

(Date)

4-12-76

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