

DISTRIBUTION			
ANTAFE			
ILE			
S.G.S.			
AND 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-1
Effective 1-1-65

I.

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

If change of ownership give name and address of previous owner

R-5180 West Rm. 1 Queen Gas
11/1/75

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal - 5	Well No. 1	Pool Name, Including Formation SE Chaves - Queen Gas	Kind of Lease State Federal - 5	Lease No.
Location				
Unit Letter A	660	Feet From The North Line and	660	Feet From The East
Line of Section 5	Township 15S	Range 30E	NMPM,	Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Chala Cryogenics	P.O. Box 6697, Roswell, New Mexico 88201					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					NO	Approx. 3-10-75

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 1-30-75	Date Compl. Ready to Prod. 2-14-75	Total Depth 2211	P.B.T.D. 2177					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Queen	Top Oil/Gas Pay 2108	Tubing Depth None					
Perforations 2108-1/2 - 20, .25" holes, 28 holes	Depth Casing Shoe 2206							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8 - 20# - used		314		175 sx "C" - circ.			
7-7/8"	used 2-7/8 - 6.5#		2206		125 sx lite			
					150 sx "C"			

V. 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1579	Length of Test 24 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) back pr.	Tubing Pressure (Shut-in) tubing less	Casing Pressure (Shut-in) 689	Choke Size

VI. 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.

Lee M. Leupold
(Signature)
Geologist
(Title)
2-27-75
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY *Joe D. Roney*
TITLE **SUPV**

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 multiple-