

DISTRIBUTION			
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.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-105
Effective 1-1-65

I. Operator
Address **Dalport Oil Corp.**

Reason(s) for filing (check proper box)
New Well ☒ **1471 First National Bank Bldg., Dallas, Texas**

Recompletion ☐
Change in Ownership ☐
Change in Transporter of:
Oil ☐
Casinghead Gas ☐
Dry Gas ☐
Condensate ☐

Other (Please explain)
**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 6/1/76
UNLESS AN EXCEPTION TO R-4076
IS OBTAINED.**

If change of ownership give name
and address of previous owner
THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal-9	Well No. 1	Pool Name, Including Formation Wildcat-Queen	Kind of Lease State, Federal or Fee xxx	Lease No. R-5252
Location Unit Letter B Feet From Them 660 Line and 2310 Feet From The E Line of Section 9 Township 14S Range 30E , NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Pernian Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Tx 77001				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks. 2/3	Unit 9	Sec. 14	Twp. 30	Is gas actually connected? No	When Indefinitely

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 2-15-76	Date Compl. Ready to Prod. 3-14-76	Total Depth 2211		P.B.T.D. 2177					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Queen	Top Oil/Gas Pay 2093		Tubing Depth 2979 + 10' M.A.G.M.					
Perforations 2093-2102		Depth Casing Shoe 2210							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 11 7-7/8	CASING & TUBING SIZE 8-5/8 - 200 4-1/2 - 10.5		DEPTH SET 296 2210		SACKS CEMENT 175 8x "C" 125 8x 1 1/2", 150 8x "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 3-1-76	Date of Test 3-14-76	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test 14 BF	Oil-Bbls. 2	Water-Bbls. 12	Gas-MCF .45

GAS WELL

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

Geologist

(Signature)

3-25-76

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED

APR 6 1976

BY

TITLE **SUPERVISOR DISTRICT**

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.

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