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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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-110  
Effective 1-1-65

Operator Dorchester Exploration, Inc.	
Address 1100 Midland National Bank Tower, Midland, Texas 79701	
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) Casinghead Gas MUST NOT BE PRODUCED UNDER 24/24/80 UNLESS AN EXCEPTION TO R-4870 IS OBTAINED.	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Morton Solid State Unit	Well No. 1	Pool Name, including Formation Tres Papalotes Perm	Kind of Lease State, Federal or Fee	State Lea	Lease No. L-4800
Location					
Unit Letter E	Feet From The 2156	North	Line and 990	Feet From The West	
Line of Section 4	Township 15S	Range 34E	NMPM,		County Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) 1100 Milam, Suite 2565, Houston, Texas 77002					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 4	Twp. 15S	Rge. 34E	Is gas actually connected? no	When near future

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8/4/79	Date Compl. Ready to Prod. 10/29/79	Total Depth 11,200	P.B.T.D. 10,905					
Elevations (DF, RKB, RT, GR, etc.) 4119 GR	Name of Producing Formation Tres Papalotes	Top Oil/Gas Pay 10,363	Tubing Depth 10,389					
Perforations 10,366 - 10,380			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	400'	450					
11"	8-5/8"	4548'	1550					
7-7/8"	5-1/2"	10,943'	775					
	2-7/8"	10,389						

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 10/29/79	Date of Test 10/29/79	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 270#	Casing Pressure 1150#	Choke Size 24/64
Actual Prod. During Test	Oil-Bbls. 198.72	Water-Bbls. -0-	Gas-MCF 69.6

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.

Rick O'Bannon  
(Signature)  
Assistant Proration Administrator  
(Title)  
November 1, 1979  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 22 1980, 19\_\_\_\_  
BY [Signature]  
TITLE SUPERVISOR DISTRICT 1

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