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| FILE | | |
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| LAND 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-110
Effective 1-1-65

I.

| | |
|--|---|
| Operator Arno R. Dalby | |
| Address c/o W. W. Ranck, 1502 Main, Lubbock, Texas | |
| 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

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|------------------------------------|----------------------|--|---|----------------------------|
| Lease Name Amerada State | Well No. 1 | Pool Name, including Formation Ark Junction (SA) | Kind of Lease State, Federal or Fee State | Lease No. B-1385 |
| Location | | | | |
| Unit Letter F | 1980 | Feet From The N Line and 1980 | Feet From The W | |
| Line of Section 12 | Township 12 | Range 18 | NMPM, 36 | 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"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Admiral Creek Oil Corp | Box 1213 Midland Texas | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| | | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit F | Sec. 12 | Twp. 18 | Rge. 36 | Is gas actually connected? No | When |

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 | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded 10-28-67 | Date Compl. Ready to Prod. 12/1/67 | | Total Depth 5054 | | P.B.T.D. 5050 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3786 GR | Name of Producing Formation SA | | Top Oil/Gas Pay 4947 | | Tubing Depth 4950 | | | |
| Perforations 4947, 4951, 4956, 4974, 4996, 5008, 5020 (2) shots per/ | | | | | foot 5054 | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 13 3/8 | 8 5/8 | | 331 | | 250 | | | |
| 7 7/8 | 4 1/2 | | 5054 | | 200 | | | |
| | 2" | | 4950 | | | | | |

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 12/1/67 | Date of Test 12/2/67 | Producing Method (Flow, pump, gas lift, etc.) Pumping | |
| Length of Test 24 hours | Tubing Pressure - - - - - | Casing Pressure 10 | Choke Size 2" |
| Actual Prod. During Test | Oil - Bbls. 51 | Water - Bbls. 60 | Gas - MCF TSM |

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.


(Signature)
Agent
(Title)
12/4/67
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
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 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 completed wells.