

REQUEST FOR (OIL) - ~~RECOMPLETION~~ ALLOWABLE

New Well  
~~Recompletion~~

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Dallas, Texas

9-19-58

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Dalport Oil Corporation E. F. King "A", Well No. 1, in SE 1/4 SE 1/4,

(Company or Operator)

(Lease)

P 31, Sec. 22-S, T. 37-E, R. 37-E, NMPM, Undesignated Pool

Unit Letter

Lea

County. Date Spudded 9-2-58

Date Drilling Completed 9-14-58

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Elevation 3361' GL Total Depth 3798 PBD

Top Oil/Gas Pay 3684 Name of Prod. Form. Penrose

PRODUCING INTERVAL -

Perforations 3684-3704; 3708-15; 3718-28; 3735-42; 3748-50; 3753-69; 3779-91

Open Hole Depth 3798 Casing Shoe 3798 Depth 3726 Tubing

OIL WELL TEST -

Natural Prod. Test: None bbls.oil, bbls water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 50 bbls.oil, 2 bbls water in 8 hrs, min. Size 21/64 Choke

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 15,000 gallons Oil & 15000 #s Sand

Casing Tubing Date first new Press. oil run to tanks 9/17/58

Oil Transporter Shell Pipe Line

Gas Transporter Skelly Oil Company - Casinghead

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved, 19

OIL CONSERVATION COMMISSION

By: [Signature]

Title

[Signature]  
(Company or Operator)

By: [Signature]  
(Signature)

Title President

Send Communications regarding well to:

Name W. L. Todd, Jr

Address 930 Fidelity Union Life Bldg. Dallas, Texas