NEW MJ CO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-104) Revised 7/1/57

REQUESTS FOR (OIL) - (SAS) ALLOWABLE OCC 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 QCADRUPLICATE to the 4ame District Office with 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

			Dallas, Texas 1-29-59	1-29-59	
			(Place) (Date)	••••••	
E HEF	EBY R	LEQUESTI	NG AN ALLOWABLE FOR A WELL KNOWN AS:		
Comp	e of C	Corpore	(Lean), Well No. 2, in NE 1/4 SE	1/4,	
I				.Pool	
	Lea		County. Date Spudded. 1-10-59 Date Drilling Completed 1-19-59		
Please in	ndicate	location:			
D C			Top Oil/Gas Pay 3666 Name of Prod. Form. Penrose	·	
			PRODUCING INTERVAL -		
-	+ a		Perforations 3666-96; 3700-10; 3716-3721; 3728-3742; 3748-68;		
	"		Open Hole Casing Shoe 3822 Tubing 3630	<u> 3805-1</u>	
<u> </u>	-		OIL WELL TEST -		
K	J	I	Natural Prod. Test: Name bbls.oil, bbls water in hrs, min. S	hoke iże	
			Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volum	_	
N	0	P	Choke load oil used): 56 bbls.oil, 0 bbls water in 21 hrs, min. Size	20/64	
			GAS WELL TEST -		
			- Natural Prod. Test: MCF/Dav: Hours flowed Choke Size		
Casing	and Cem	enting Recor			
•	Feet	Sax			
/8	37),	200			
		200			
/2 3	8 2 2	300	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil,		
	_		sand): 20,000 gallons lease crude & 20,000 lbs. sand		
EUE 3	630		Press. 360 Press. 80 oil run to tanks 1-22-59		
			Oil Transporter Texas-New Mexico Pipe Line Co		
			Gas Transporter Skelly Oil Company - casinghead gas		
:s:	•••••	••••••			
	••••••	••••••		· · · · · · · · · · ·	
ereby c	ertify th	at the info	rmation given above is true and complete to the best of my knowledge.		
	••••••	•••••	, 19 DALPORT OIL CORPORATION (Company or Operator)		
cu			y and the A		
	ONSE	RVATION	COMMISSION By: Signature (Signature)		
	ONSE	RVATION	(Signature)		
	ONSE	RVATION	COMMISSION By: Signature (Signature) Title Geologist Send Communications regarding well to:		
	ONSE	RVATION	(Signature) TitleGeologist		
	Compa I I II I	Company or On I. Second I.	Company or Operator) Lea Please indicate location: C B A F G H K J I O N O P Casing and Cementing Record Feet Sax /8 314 200 /2 3822 300 EUE 3630	RE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: Delicate 10:1 Corporation	