(Form C-104) Revised 7/1/57 REQUEST FOR (OIL) - THE ALLOWABLE (100 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 Frim () 101 Gas 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. Annil lat 1960

				.,00
			(Place) (Date)	•••
ARE H	EREBY R	EQUESTI	ING AN ALLOWABLE FOR A WELL KNOWN AS:	
De	lport 01	1 Corpor	ration E. C. Winters "D" Well No. 2 in. SW 1/4 NE	4,
(Corr	pany or Op	erator) L8	, T	
Unit Letter			, T, R	ol
	Lea		County. Date Spudded	
Please	indicate l	ocation:	County. Date Spudded 3-7-60 Date Drilling Completed 3-9-60 Elevation 3349 PBTD Top Oil/Gas Pay 2896 Name of Prod. Form. Seven Rivers - 72	-/
	; В		Top Oil/Gas PayName of Prod. FormSeven RIVERS - /2	-
			PRODUCING INTERVAL -	
			Perforations 2898-2913; 2920-2942; 2952-62; 2989-3000; 3008-3013;	; h= 30
	F G.	H	Open Hole 3237-3349 Depth Casing Shoe 3237 Depth Tubing 3305 3061	
	0		OIL WELL TEST -	
LI	J	I	Chok Natural Prod. Test: NODE bbls.oil,bbls water inhrs,min. Size	e
			Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume o	
к – м		P	load oil used): 12.1 bbls.oil, O bbls water in 24 hrs, min. Size	
				-
			GAS WELL TEST -	
			MCF/Day; Hours flowedChoke Size	
	_	enting Reco		
Sire	Feet	Sax	Test After Acid or Fracture Treatment:MCF/Day; Hours flowed	
8 5/8	330	200	Choke SizeMethod of Testing:	_
r 1/0	20.27	400	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and	d
5 1/2	1626	400	Fractured with 20,000 gal refined oil & 40,000# Sand	-
2" EU	3305		Casing Tubing Date first new PressPressoil run to tanks	_
		 	Oil Transporter Shell Pipe Line Company	_
			Gas Transporter El Paso Natural Gas Company	_
marke				•
				••••
				••••
Thereb	n cartifu th	at the info	formation given above is true and complete to the best of my knowledge.	
			DALPORT OIL CORPORATION	
proved			(Company or Operator)	
OT	CONSE	RVATION	N COMMISSION By: Jean M Sampert	
	U		(prgnatue)	
. III.	<u></u>	M	Title	-
	-	1.	Send Communications regarding well to:	
le	······			
le	in the second		Name. Dalport ^O il Corporation 930 Fidelity Union Life Bldg.Dall	
			930 Fidelity Union Life Bldg. Dall	18

Address.....