NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
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: BRONCO OIL CORPORATION

Address: 2101 W. Texas, Box 5114, Midland, Texas

Reason(s) for filing (Check proper box): New Well ___ Recompletion ___ Change in Ownership X

Change in Transporter of: Oil ___ Casinghead Gas ___ Dry Gas ___ Condensate ___

Other (Please explain)

If change of ownership give name and address of previous owner: SUNRAY DX OIL CO.

II. DESCRIPTION OF WELL AND LEASE

Lease Name: G. W. Dabbs | Lease No.: 2 | Well No. | Pool Name, Including Formation: Langlie Mattix (Queen) | Kind of Lease: State, Federal or Fee: Fee

Location: Unit Letter D; 330 Feet From The North Line and ~~4,290~~ Feet From The East

Line of Section 35 Township 25-S Range 37-E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X or Condensate ___: Shell Pipe Line Co.

Address (Give address to which approved copy of this form is to be sent): Box 1910, Midland, Texas

Name of Authorized Transporter of Casinghead Gas X or Dry Gas ___: El Paso Natural Gas Co.

Address (Give address to which approved copy of this form is to be sent): Box 1384, Jal New Mexico

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
		35	25-S	37-E	Yes	Unknown

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X							

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9/24/38	11/13/38	3325	3315
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3021 DF	Queen	3200	3095
Perforations			**Depth Casing Shoe**
3190-3309 (loose liner)			3038

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	10"	103'	75
	8¼"	1,193'	150
	7"	3,035'	150
	2"	3,095'	---

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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)

Vice President
(Title)

[illegible] 1967
(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.

Sections I, II, III, and VI for changes of transporter.

C-104