

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-11
 Effective 1-1-65

DISTRIBUTION		
STATE		
FEDERAL		
G.S.		
D OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. OPERATOR
Dallas McCasland
 Address
c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240
 Reason(s) for filing (Check proper box)
 New Well Change in Transporter Other (Please explain)
 Recompletion Oil
 Change in Ownership Casinghead Gas

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE 10-030132(a)

Lease Name Tom Glesson	Well No. 8	Pool Name Jalmat Yates	Kind of Lease State, Federal, or Fee Federal	Lease No. above
Location				
Unit Letter A	660	Feet From The North	990	Feet From The East
Line of Section 6	Township 22 S	Range 36 E	NMPM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate Texas New Mexico Pipeline Co.	(Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dr. Gas Ashland Oil, Inc.	(Give address to which approved copy of this form is to be sent) Box 1503, Houston, Texas 77001
If well produces oil or liquids, give location of tanks. Unit J Sec. 6 Twp. 22S R. 36E	Is it directly connected? Yes Date 2/22/55

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) Recompleted	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input checked="" type="checkbox"/>
Date 1/10/74	Date Compl. Ready to Prod. 6/14/74
Elevations (DF, RKB, RT, CR, etc.) 3617 DF	Name of Producing Formation Yates
Perforations 3140-60, 3186-96, 3202-97, 3219-22, 3274-83, 3290-95	Gas Pay 3140
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE NA	CASING & TUBING SIZE 12 1/2
NA	9 5/8
NA	7
DEPTH SET 273	SACKS CEMENT 225
1597	450
3760	150

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be at least 20% of total volume of load oil and must be equal to or exceed top allowable for this depth or for full 24 hours)

Date First New Oil Run To Tanks 6/14/74	Date of Test 7/1/74	Testing Method (Flow, pump, gas lift, etc.) Flow
Length of Test 24 hours	Tubing Pressure 50	Wellbore Pressure 0
Actual Prod. During Test 2	Oil-Bbls. 2	Gas-MCF 185
		Wellbore Size 3/4"

GAS WELL

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

Dallas McCasland
 (Signature)
Agent
 (Title)
7/11/74
 (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.