

Roswell, 625-0125

5/9/91

Al Raby called concerning TA letter he received from our office. This well was sold in 1976. He will do some checking and call us back on who bought it. Said he went out there once and it looked like it had been plugged.

He said Brady Prod. might have ended up with it. He sold them 2 Fed leases nearby - England #1 + #2, 29-6-26 + 30-6-26

(Mike)  
Brady Production Inc.  
Box 9128, Midland TX 79708  
Ph: 915-699-7367

BR



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U.S.G.S.	
LAND OFFICE	
OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease  
State ☐ Fee ☒

5. State Oil & Gas Lease No.  
NM022685 -A

## SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator A. D. Raby & J. T. Raby	8. Farm or Lease Name Keys
3. Address of Operator P. O. Box 1856, Roswell, New Mexico 88201	9. Well No. 1
4. Location of Well UNIT LETTER D 990 FEET FROM THE N LINE AND 330 FEET FROM THE W LINE, SECTION 33 TOWNSHIP 6S RANGE 26E NMPM.	10. Field and Pool, or Wildcat Linda San Andres
15. Elevation (Show whether DF, RT, GR, etc.)	12. County

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

On June 1, 1976 we received word this well had been leaking. Inspection showed well to have been leaking a small amount. Not enough to puddle. Inspection showed someone had opened valve.

Corrective measure of closing and re-sealing valve were taken.

Inspected again on 6-8-76 with Lelan Mermis. No sign of any further leaks.

Corrective measures to insure no re-occurrence of leak made until we can decide to re-activate or completely plug this well.

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

SIGNED [Signature] TITLE Partner DATE 6-9-76

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

RECEIVED

JAN 18 1975

B. G. C.

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No. NM022685-A
7. Unit Agreement Name
8. Farm or Lease Name Keys
9. Well No. 1
10. Field and Pool, or Wildcat Linda San Andres
12. County Chaves

SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator A. D. Raby & J. T. Raby <i>Dr. Sam G. Durr</i>
3. Address of Operator Box 1856, Roswell, New Mexico
4. Location of Well UNIT LETTER <u>D</u> <u>990</u> FEET FROM THE <u>N</u> LINE AND <u>330</u> FEET FROM THE <u>W</u> LINE, SECTION <u>33</u> TOWNSHIP <u>6S</u> RANGE <u>26E</u> NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
---

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER <input type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Our intent in trading for this well was for future re-entry or to use for salt water disposal.

RECEIVED  
JAN 20 1975  
U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED *A. D. Raby* TITLE Partner DATE 1-10-75

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	2
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE  
ANDForm C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Case 10334  
Exh. 'D'

Operator A. D. Raby or James T. Raby	
Address Box 1856, Roswell, New Mexico, 88201	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	
If change of ownership give name and address of previous owner H. E. Prince, 606 N. Atkinson, Roswell, New Mexico	

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Keys (Federal)	Well No. 1	Pool Name, including Formation Linda San Andres	Kind of Lease State, Federal or Fee Fed.	Lease No.
Location				
Unit Letter D	990	Feet From The N	Line and 330	Feet From The W
Line of Section 33	Township 6S	Range 26E	NMPM, Chaves	County

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Not Producing	-	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Not Producing		
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When	

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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

## V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

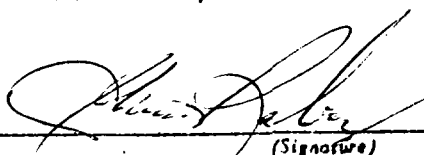
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

## GAS WELL

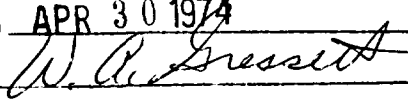
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

## 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)  
Owner  
(Title)  
April 25, 1974  
(Date)

## OIL CONSERVATION COMMISSION

APPROVED APR 30 1974  
BY   
TITLE OIL AND GAS INSPECTOR

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.

Separate Forms C-104 must be filed for each pool in multiply



## OIL CONSERVATION COMMISSION

STATE OF NEW MEXICO  
P. O. DRAWER DD - ARTESIA  
88210

November 28, 1973

I. R. TRUJILLO  
CHAIRMAN

LAND COMMISSIONER  
ALEX J. ARMIJO  
MEMBER

STATE GEOLOGIST  
A. L. PORTER, JR.  
SECRETARY - DIRECTOR

H. E. Prince  
606 N. Atkinson  
Roswell, N. M. 88201

Re: Keys #1-D  
33-6S-26E  
Chaves County, N. M.

Dear Mr. Prince:

Enclosed please find Form C-104 Change of Ownership on the subject well.

According to our records, no completion report or request for allowable has been submitted on this well; therefore, we crossed out the transporter name.

If you have put the well on production; an allowable will be assigned upon receipt of the proper forms.

If you have any questions concerning this, please feel free to call upon me.

Sincerely yours,

OIL CONSERVATION COMMISSION

W. A. Gressett  
Supervisor, District II

WAG/ep  
Enc.



## OIL CONSERVATION COMMISSION

STATE OF NEW MEXICO  
P. O. DRAWER DD - ARTESIA

88210

November 7, 1973

I. R. TRUJILLO  
CHAIRMAN

LAND COMMISSIONER  
ALEX J. ARMIJO  
MEMBER

STATE GEOLOGIST  
A. L. PORTER, JR.  
SECRETARY - DIRECTOR

H. E. Prince  
606 N. Atkinson  
Roswell, N. M. 88201

Re: Keys #1-D  
NW NW 33-6S-26E  
Chaves County, N. M.

Dear Sir:

We hereby acknowledge receipt of Form C-104 showing a change in ownership on the subject temporarily abandoned well. However, we only received copies of the form and not the original.

Please submit the original at your earliest convenience.

Sincerely yours,

OIL CONSERVATION COMMISSION

W. A. Gressett  
Supervisor, District II

WAG/ep

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SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	1
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
RECEIVED

AUG 12 1971

TH

Case 10334  
Exh. "C"

Operator	Paul Slayton	O. C. C.
Address	905 North Lea, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well	Change in Transporter of:	
Recompletion	Oil	Dry Gas
Change in Ownership	Casinghead Gas	Condensate

If change of ownership give name and address of previous owner **D. Sam G. Dunn Oil Operations, P. O. Box 3095, Lubbock, Texas**

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Keys Federal	Well No.	1	Pool Name, Including Formation	Linda San Andres	Kind of Lease	State, Federal or Fee	Federal	Lease No.
Location	Unit Letter I ; 990 Feet From The N Line and 330 Feet From The W								
Line of Section	33	Township	6S	Range	26E	NMPM,	Chaves	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<del>The Petroleum Corporation</del>		<del>P.O. Box 3119, Midland, Texas 79701</del>
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	33	6S
	26E	
Is gas actually connected?	When	

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.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

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 (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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.

Dennis Slayton  
(Signature)  
Agent  
(Title)  
August 10, 1971  
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 13 1971, 19  
BY W. A. Gussett

TITLE OIL AND GAS INSPECTOR

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.  
Separate Forms C-104 must be filed for each pool.



RECEIVED

CONSERVATION COMMISSION

NOV 15 1968

P.O. BOX 2088 • SANTA FE, NEW MEXICO 87501 • PHONE 827-2434

MESSAGE

REPLY

TO Bill Gressett  
Supervisor & Oil & Gas Inspector  
District II

DATE November 14, 1968

Re: Sam G. Dunn

Keys Federal #1-D 33-6S-26

Please check if subject well should have the  
operator name changed to Sam G. Dunn Oil  
Operations & advise.

Thanking You,

BY G. E. McBurn

DATE 11-15-68

*Yes it should be changed  
to Sam G. Dunn Oil operations  
and the name is just  
Keys*

SIGNED

Bill Gressett

\* RECIPIENT KEEP THIS COPY, RETURN WHITE COPY TO SENDER

OIL CONSERVATION COMMISSION  
Artesia, New Mexico

Re: Dr. Sam G. Dunn

Key<sup>s</sup> #1-D, 33-6-26

Chaves County, N. M.

Our files, for the subject well, were checked against the district U. S. Geological Survey records during July, 1967. At that time, no additional reports had been received in their office. When additional reports become available, they will be forwarded to us.

R. L. Stamets

Change of operator  
from  
Dr. Sam G. Dunn  
to  
Sam G. Dunn Oil Operations  
Box 3095  
Lubbock, Texas 79410  
FEB 16 1968

OIL CONSERVATION COMMISSION  
Artesia, New Mexico

Re: Dr. Sam G. Dunn

Key<sup>s</sup> #1-D, 33-6-26

Chaves County, N. M.

Our files, for the subject well, were checked against the district U. S. Geological Survey records during July, 1967. At that time, no additional reports had been received in their office. When additional reports become available, they will be forwarded to us.

R. L. Stamets

Change of operator  
from  
Dr. Sam G. Dunn  
to  
Sam G. Dunn Oil Operations  
Box 3095  
Lubbock, Texas 79410  
FEB 16 1968

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

**Keys Federal**

9. WELL NO.

**1**

10. FIELD AND POOL, OR WILDCAT

**Undesignated**

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

**Sec 33-T 6S-R 26E**

12. COUNTY OR PARISH

**Chaves**

13. STATE

**N.M.**

1. OIL ☒ GAS ☐  
WELL WELL OTHER

2. NAME OF OPERATOR

**Dr. Sam G. Dunn**

3. ADDRESS OF OPERATOR

**1312 Main Street, Lubbock, Texas**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)  
At surface

**990 ft. from North line & 330 ft. from West  
line, Sec. 33, T 6S, R 26E, NMPM**

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

**3609 GR**

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

SHOOT OR ACIDIZE ☐

ABANDON\* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREATMENT ☒

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☒

ABANDONMENT\* ☐

(Other) ☐

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

**9-9-64**

**Ran Gamma Ray & Neutron logs, perforated with Tornada Jets.  
831-835 & 872-878 & 901-904 & 914-919 & 926-930 with 1 shot  
per foot.**

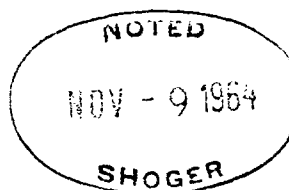
**9-16-64**

**Treated with 15000 gals. 10% acid water & 11000# sand.  
Swabbed well 2 days, recovered 50 bbls. of acid water,  
no show of oil. Well shut in.**

RECEIVED

NOV 10 1964

O. C. C.  
ARTESIA. OFFICE



18. I hereby certify that the foregoing is true and correct

SIGNED

*[Signature]*

TITLE

**Agent**

DATE

**Oct. 26, 1964**

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NOV 2 1964

\*See Instructions on Reverse Side

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN 1. *original*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. <i>NM 022685A</i>
2. NAME OF OPERATOR <i>Dr. Sam G. Dunn</i>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <i>Box 452, Artesia, New Mexico</i>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>990 ft. from North line and 330 ft. from West line Sec. 33, T.6S, R26E, NMPM</i>		8. FARM OR LEASE NAME <i>Keys</i>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3609 GL</i>	9. WELL NO. <i>1</i>
		10. FIELD AND POOL, OR WILDCAT <i>Undesignated</i>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>33-T6S-R26E</i>
		12. COUNTY OR PARISH <i>Chaves</i>
		13. STATE <i>N. M.</i>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> <i>Oil string</i>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

*6-19-64 Drilled 6-3/4" hole to a depth of 1013 with rotary rig. Ran 955 ft., new 4-1/2" pipe, cementing with 50 sacks.*

RECEIVED

JUL 16 1964

O. C. C.  
ARTESIA, OFFICE

18. I hereby certify that the foregoing is true and correct

SIGNED *Pat Thompson* TITLE *Agent* DATE *June 30, 1964*

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

11M022685-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. NAME OF OPERATOR  
**Dr. Sam G. Dunn**

3. ADDRESS OF OPERATOR  
**1312 Main, Lubbock, Texas**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
**Unit "I", 990 ft. from North line and 330 ft. from West line of Sec. 33, Twp. 6 S., R26E, NMPM**

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**3609 GL**

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
**Keys**

9. WELL NO.  
**1**

10. FIELD AND POOL, OR WILDCAT  
**Undesignated**

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
**33-T6S-R26E, NMPM**

12. COUNTY OR PARISH  
**Chaves**

13. STATE  
**N. M.**

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

**6-13-64 Spudded**

**6-14-64 Set 103 ft. of 8-5/8" surface pipe and cemented with 50 sax. Circulated.**

RECEIVED

JUL 2 1964

D. C. C.  
ARTESIA, OFFICE

18. I hereby certify that the foregoing is true and correct

SIGNED Pat Thompson TITLE Agent DATE June 18, 1964

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK <b>DRILL</b> <input checked="" type="checkbox"/> <b>DEEPEN</b> <input type="checkbox"/> <b>PLUG BACK</b> <input type="checkbox"/>			5. LEASE DESIGNATION AND SERIAL NO. <b>30-025-10430</b>		
b. TYPE OF WELL OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>			6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
7. UNIT AGREEMENT NAME			8. FARMER/LEASE NAME		
9. WELL NO.			10. <del>WELL</del> <b>WILDCAT</b>		
11. SEC., T., R., S. OR BLK. <b>33-61-26E</b>			12. COUNTY OR PARISH		
13. ELEVATION			14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*		
15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any)			16. NO. OF ACRES IN LEASE		
17. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.			18. PROPOSED DEPTH <b>1200</b>		
19. ELEVATION (Show whether DF, RT, GR, etc.)			20. ROTARY OR <del>DRILL</del> TOOLS <b>1500</b>		
21. APPROX. DATE WORK WILL START*			22. APPROX. DATE WORK WILL START*		

23. PROPOSED CASING AND CEMENTING PROGRAM				
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
<b>11"</b>	<b>4-1/2"</b>	<b>9.50</b>	<b>TD</b>	<b>50 SACK</b>
<b>6-3/4"</b>	<b>4-1/2"</b>	<b>9.50</b>	<b>TD</b>	<b>75 SACK</b>

We propose to drill an 11" hole to 100' and set 8-5/8" casing pipe, acid, cement with 50 sack and circulate, mix and let set 24 hours. We propose to drill to an approximate depth of 1200'. There will be a Gamma Ray Neutron run and the pay section will be cased, and if the core appears to be of commercial quality, 4-1/2" 9.50 new pipe will be run to TD, cemented with 75 sack and perforated, and treated.

RECEIVED

JUN 8 - 1964

O. C. C.  
ARTESIA, OFFICE

RECEIVED

JUN - 8 1964

U. S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED *Pat. Thompson* TITLE AGENT DATE JUN 15, 1964

(This space for Federal or State office use)

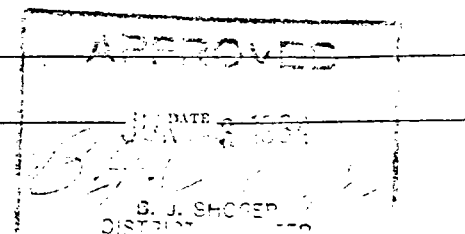
PERMIT NO. \_\_\_\_\_ APPROVAL DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

ILLEGIBLE

\*See Instructions On Reverse Side



#1 KEYS NM 022685A

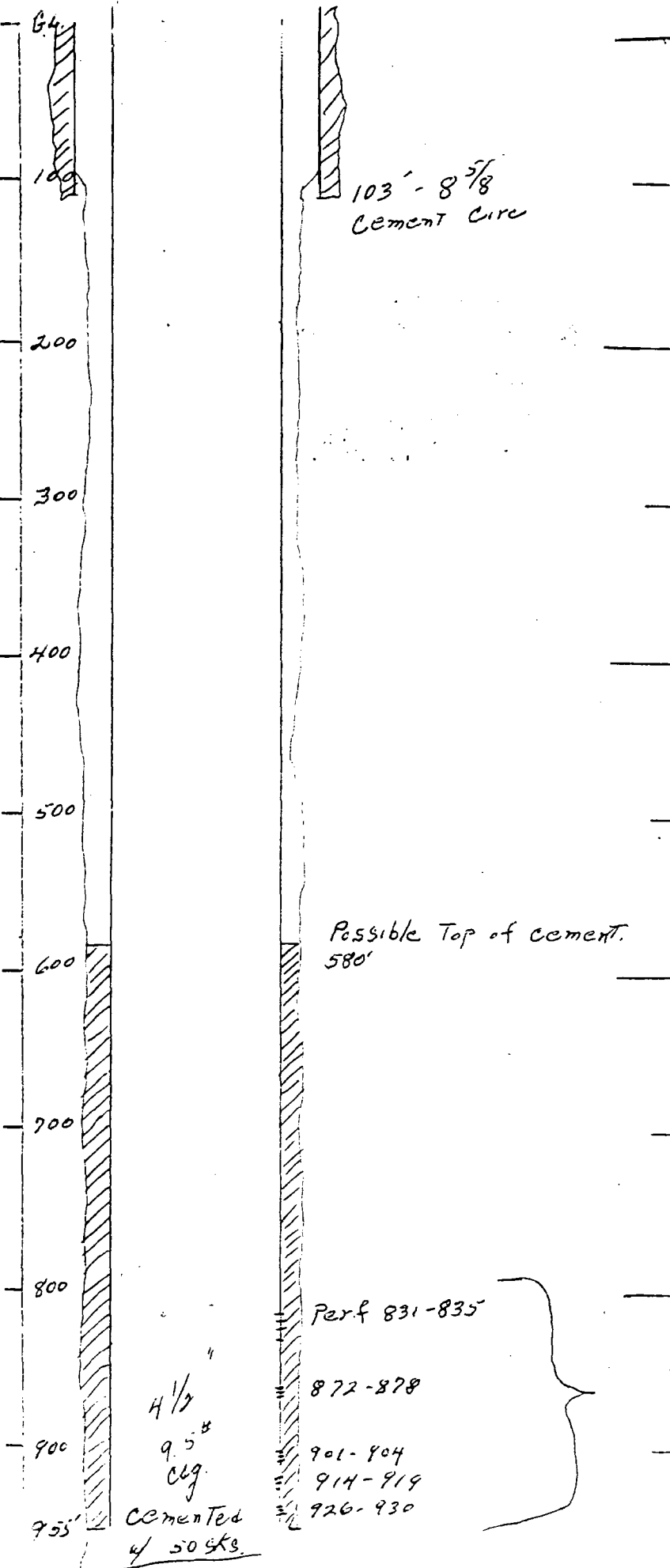
A. D. Raby (Dr. Dunn)

J. T. Raby

Bill Horton  
9-22-76

Well closed in w/ 2" x 4 1/2" surge  
w/ 2" plug valve.

Well pressured up with gas  
bubbling through salt water in  
top of plug valve.



Perfs. Treated w/ 15,000 gal. 10% acid  
11,000# sand

Swabbed 2 days - Recovered 50  
bbl acid water - No show of oil  
shut in.

Preliminary F.W.R. 3-22-66

APP. 6-3-64 EXP. 6-30-66 LEASE N.M. 02267-A

COUNTY CHAVES FIELD Linda-San Andres STATE N.M.  
OPR DUNN, DR. SAM G. Ext to 11-10-66 by Viscon MAP  
1 Keys base less if 11-10-66  
Sec. 33, T-6-S. R-26-E D-74 CO. ORD  
990' fr N Line & 330' fr W Line of Sec. D-74-1-6-6  
Spud 6-13-64 CLASS EL. 601

CSG & SX - TUBING	FORMATION	DATUM	FORMATION	DATUM
1 1/2" - 102 - 50				
4 1/2" - 1014 - 45				
LOGS EL GR RA IND HC A				

T.A. - See Reverse Side

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CONT.  
DATE

PROP. DEPTH 1200' TYPE

RECEIVED

F.R. 6-4-64  
PD 1200' - SA

JUN - 6 1964

6-4-64 TD 102 - 10

6-13-64  $\phi$  3 7/8 (6 3/4" hole)

6-22-64 TD 1014 prep to perf

6-24-64 TD 1014 prep to perf

9-21-64 T.D. 1014 SI

10-26-64 TD 1014 SI

11-16-64 TD 1014 SI

12-14-64 TD 1014 SI

1-6-64 TD 1014 SI (final posting)

under new  
competitive lease  
(gates)  
NM-25473

ILLEGIBLE



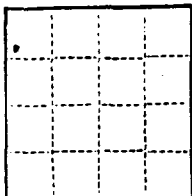
COUNTY	CHAVES	FIELD	Linda-SA	STATE	NM
OPR	DUNN, DR. SAM G.			MAP	
1 Keys					
Sec. 33, T-6-S, R-26-E				CO-ORD	
990' FNL, 330' FWL of Sec.				MC 10420	
Spd 6-12-64		CLASS		E	
Cmp 3-14-66		FORMATION	DATUM	FORMATION	DATUM
CSG & SX - TUBING					
8 5/8" 102' 50					
4 1/2" 955' 50					
LOGS EL GR RA IND HC A					
TD 1014'					

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CONT DATE PROP DEPTH 1200' TYPE

	F.R. 6-4-64
	PD 1200' - SA
6-8-64	TD 102', WOC.
6-15-64	Drlg. 390'.
6-22-64	TD 1014', prep to perf.
	Cored 974-1014', rec 40' dolo., w/scatt
	poro & bldg wtr.
6-29-64	TD 1014', PBD 955', prep to perf.
7-6-64	TD 1014', PBD 955', prep to perf.
7-13-64	TD 1014', PED 955', prep to perf.
7-20-64	TD 1014', PBD 955', prep to perf.
7-27-64	TD 1014', PED 955', prep to perf.
8-3-64	TD 1014', PED 955', prep to perf.
8-17-64	TD 1014', PBD 955', prep to perf.
8-31-64	TD 1014', PBD 955', prep to perf.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
CONSERVATION DIVISIONSec. 33  
T. 6 S  
R. 26 E  
N.M.P. Mer.

## INDIVIDUAL WELL RECORD

PUBLIC LAND:

Date November 2, 1970

Ref. No. 18

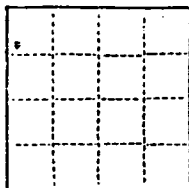
Land office New Mexico State New Mexico  
Serial No. 022685-A EXP 11-66 County Chaves  
Lessee Dr. Sam G. Dunn Field Undesignated  
Operator DR. SAM G. DUNN District Artesia  
Well No. 1-KEYS FEDERAL Subdivision NW $\frac{1}{4}$ NW $\frac{1}{4}$   
Location 990' from the north line and 330' from the west line of the section  
Drilling approved June 3, 19 64 Well elevation 3609 GL feet  
Drilling commenced June 13, 19 64 Total depth 1014 feet  
Drilling ceased Sept. 16, 19 64 Initial production \_\_\_\_\_  
Completed for production \_\_\_\_\_, 19 \_\_\_\_\_ Gravity A. P. I. \_\_\_\_\_  
Abandonment approved \_\_\_\_\_, 19 \_\_\_\_\_ Initial R. P. \_\_\_\_\_

Geologic Formations		Productive Horizons		
Surface	Lowest tested	Name	Depths	Contents
Permian	Permian			

## WELL STATUS

YEAR	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
1964						Drg.			DSI			

REMARKS San Andres 522 Log  
Slaughter 975 "  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
CONSERVATION DIVISION

INDIVIDUAL WELL RECORD

(D)

Sec. 33  
T. 6 S  
R. 26 E  
N.M.P. Mer.

PUBLIC LAND:

Date November 2, 1970

Ref. No. 18

Land office New Mexico State New Mexico  
Serial No. 022685-A EXP 11-66 County Chaves  
Lessee Dr. Sam G. Dunn Field Undesignated  
Operator DR. SAM G. DUNN District Artesia  
Well No. 1-KEYS FEDERAL Subdivision NW 1/4 NW 1/4  
Location 990' from the north line and 330' from the west line of the section  
Drilling approved June 3, 19 64 Well elevation 3609 GL feet  
Drilling commenced June 13, 19 64 Total depth 1014 feet  
Drilling ceased Sept. 16, 19 64 Initial production \_\_\_\_\_  
Completed for production \_\_\_\_\_, 19 \_\_\_\_\_ Gravity A. P. I. \_\_\_\_\_  
Abandonment approved \_\_\_\_\_, 19 \_\_\_\_\_ Initial R. P. \_\_\_\_\_

Geologic Formations		Productive Horizons		
Surface	Lowest tested	Name	Depths	Contents
Permian	Permian			

WELL STATUS

YEAR	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
1964						Drg.			DSI			

REMARKS San Andres 522 Log  
Slaughter 975 "

*See No. 10334*  
*BLM*  
*A*

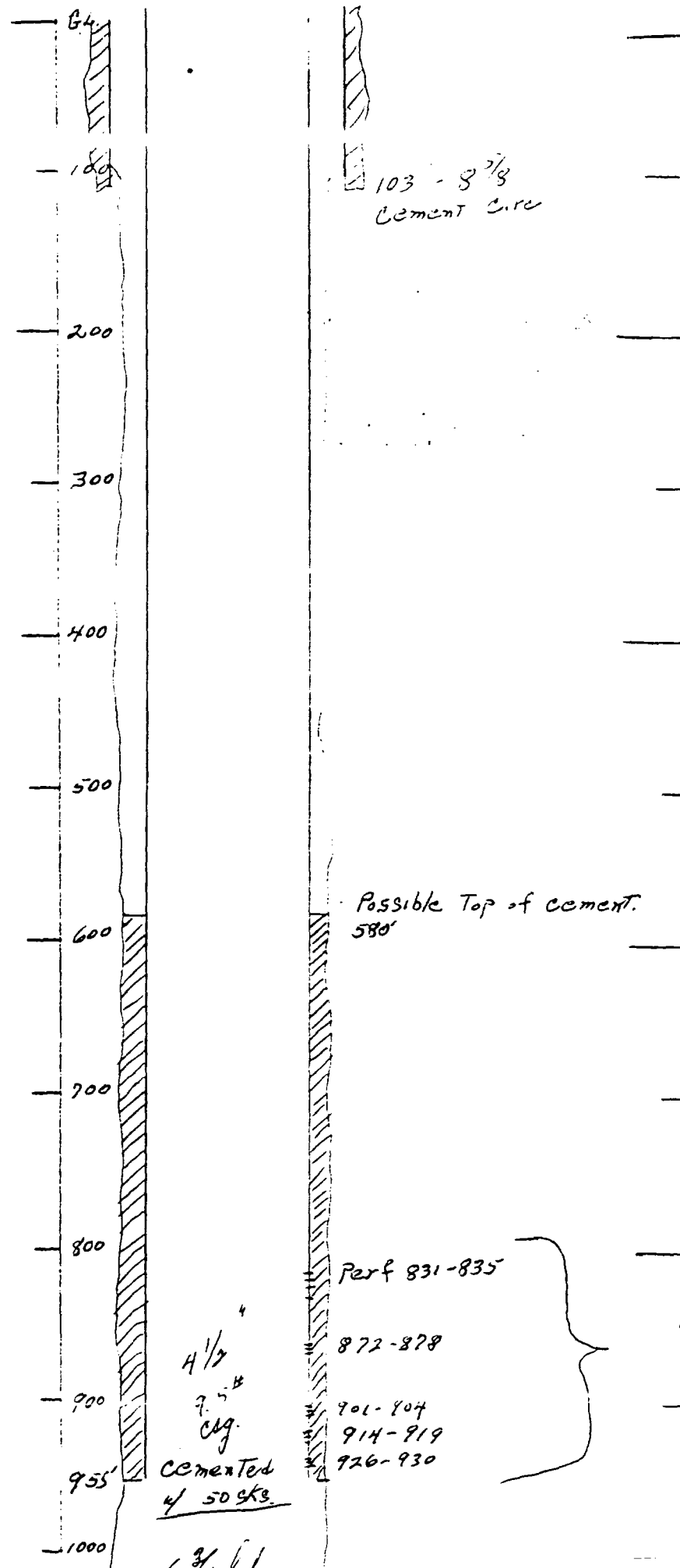
#1 KEYS NM 022685A

A. D. Raby (Dr. Dunn)  
IT Raby

William  
9-22-76

Well closed in w/ 2" x 4 1/2" surge  
w/ 2" plug valve.

Well pressured up with gas  
bubbling through salt water in  
top of plug valve.



Perfs. Treated w/ 15,000 gal. 10% acid  
11,000# sand

Swabbed 2 days - Recovered 50  
bbl acid water - No show of oil  
shut in.

(West side of River)

LEASE INSPECTION FORM

91 m 022185-F

~~9-22-76~~

Sections: D 33 T. 6 S R. 26 E  
County: Chavez State: N.M.

Lease No. NM 6550  
Operator: Key Federal

Wells: Oil Producers: \_\_\_\_\_  
Oil Shut-In: \_\_\_\_\_  
Temporarily Abandoned: \_\_\_\_\_  
Drilling: \_\_\_\_\_  
Injection Wells: \_\_\_\_\_

Gas Producers: \_\_\_\_\_  
Gas Shut-In: \_\_\_\_\_  
Plugged & Abandoned: \_\_\_\_\_  
Total Wells: \_\_\_\_\_

Tank Battery Condition:

Crude Purchaser \_\_\_\_\_ Pipeline \_\_\_\_\_ LACT NO. \_\_\_\_\_ Truck \_\_\_\_\_  
Oil production commingled with any other lease . . . . . Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, are commingling facilities approved . . . . . Yes \_\_\_\_\_ No \_\_\_\_\_  
Gas Purchaser \_\_\_\_\_ Meter No. \_\_\_\_\_ Sta.No. \_\_\_\_\_

General:

Excessive surface use or damage . . . . . Yes \_\_\_\_\_ No \_\_\_\_\_  
Water Prod. (Reported BWPM) \_\_\_\_\_ Ind. Rate to Pit \_\_\_\_\_ Pit OK \_\_\_\_\_

WELL NO.	1-2	S	T	R	STATUS	PROD METHOD	REMARKS	Sign	DIR	INR	Elle	Map	DCC
1	NW1/4	33	6	26	TA								
							2" X 4" Sarge in 4 1/2" csg. 2" valve on sarge is in open position To see oil fluid coming out of valve, however salt water has seeped over the top of the valve IWR above DSI						
9-22-76							Plug valve closed a small amount of water & gas leaking						
3-15-77							Plug valve is ball-plugged						
8-11-77							"It is above"						
52							Well location approx 600' from River a 2x4 1/2 Sarge & with 2" valve on top. 2" Ballply in top of valve No oil or gas venting 25D						
4-18-79							Went to change 3 to two sandpiper well is just dipping very little salt water						

Action Taken:

5-22-79 LED  
5-1-78 LED  
5-11-77 Went  
3-15-77 Went  
9-22-76 Went

ILLEGIBLE

Inspection Date 1-13-76

Went

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OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

JAN 13 1975

5a. Indicate Type of Lease  
State ☐ Fee ☒

5. State Oil & Gas Lease No.  
NM022685-A

SUNDY NOTICES AND REPORTS ON WELLS  
DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator A. D. Raby & J. T. Raby / Dr. Sam B. Dunn	8. Farm or Lease Name Keys
3. Address of Operator Box 1856, Roswell, New Mexico	9. Well No. 1
4. Location of Well UNIT LETTER D 990 FEET FROM THE N LINE AND 330 FEET FROM THE W LINE, SECTION 33 TOWNSHIP 6S RANGE 26E NMPM.	10. Field and Pool, or Wildcat Linda San Andres
15. Elevation (Show whether DF, RT, GR, etc.)	11. County Chaves

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Our intent in trading for this well was for Future re-entry or to use for salt water dispos

RECEIVED  
JAN 20 1975  
U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED [Signature] TITLE Partner DATE 1-10-75

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

NM022685-A

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LAND OFFICE	
OPERATOR	

NEW MEXICO RECONSTRUCTION COMMISSION

JUN 11 1976

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

C. C. C.

5a. Indicate Type of Lease  
State ☐ Fee ☒

Indicate Oil &amp; Gas Lease No.

NM022685

## SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT" FORM C-101 FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator A. D. Raby & J. T. Raby	8. Farm or Lease Name Keys
3. Address of Operator P. O. Box 1856, Roswell, New Mexico 88201	9. Well No. 1
4. Location of Well UNIT LETTER D 990 FEET FROM THE N LINE AND 330 FEET FROM THE W LINE, SECTION 33 TOWNSHIP 6S RANGE 26E NMPM.	10. Field and Pool, or Acreage Linda San Andres
11. Elevation (Show whether DF, RT, GR, etc.)	12. County

13.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐PLUG AND ABANDON ☐REMEDIAL WORK ☐ALTERING CASING ☐TEMPORARILY ABANDON ☐COMMENCE DRILLING OPNS. ☐PLUG AND ABANDONMENT ☐PULL OR ALTER CASING ☐CHANGE PLANS ☐CASING TEST AND CEMENT JOB ☐OTHER ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

On June 1, 1976 we received word this well had been leaking. Inspection showed well to have been leaking a small amount. Not enough to puddle. Inspection showed someone had opened valve.

Corrective measure of closing and re-sealing valve were taken.

Inspected again on 6-8-76 with Lelan Mermis. No sign of any further leaks.

Corrective measures to insure no re-occurrence of leak made until we can decide to re-activate or completely plug this well.

(noted) J. G. LARA  
JUN 23 1976

RECEIVED  
JUN 14 1976  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

(noted) D. W. GORDON  
JUN 23 1976

RECEIVED  
JUN 21 1976  
DEANMAN

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

SIGNED [Signature] TITLE Partner DATE 6-9-76

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

COUNTY	CHAVES	FIELD	LINGS-SA	STATE	NM
OPR	DUNN, DR. SAM G.			MAP	
	1 Keys				
	Sec. 33, T-6-S, R-26-E			CO-ORD	
	990' FNL, 330' FWL of Sec.			MC 10420	
	Spd 6-12-64		CLASS	E-1000	
	Cmp 3-14-66	FORMATION	DATUM	FORMATION	DATUM
CSG & SX - TUBING					
8 5/8"	102'	50			
4 1/2"	955'	50			
LOGS EL GR RA IND HC A					
		TD 1014'			

TEMPORARILY ABANDONED

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CONT.	PROP DEPTH	1200'	TYPE
DATE			

	F.R. 6-4-64
	PD 1200' - SA
6-8-64	TD 102', WOC.
6-15-64	Drlg. 390'.
6-22-64	TD 1014', prep to perf.
	Cored 974-1014', rec 40' dolo., w/scatt
	poro & bldg wtr.
6-29-64	TD 1014', PBD 955', prep to perf.
7-6-64	TD 1014', PBD 955', prep to perf.
7-13-64	TD 1014', PBD 955', prep to perf.
7-20-64	TD 1014', PBD 955', prep to perf.
7-27-64	TD 1014', PBD 955', prep to perf.
8-3-64	TD 1014', PBD 955', prep to perf.
8-17-64	TD 1014', PBD 955', prep to perf.
8-31-64	TD 1014', PBD 955', prep to perf.





CHAVES Linda San Andres NM Sec. 33-6S-26E  
DUNN, DR. SAM G., #1 Keys Page #2

9-8-64 TD 1014', PBD 955', prep to perf.  
9-14-64 TD 1014', PBD 955', prep to perf.  
9-21-64 TD 1014', PBD 955', SI.  
Perf 831-835', 872-878', 901-904',  
914-919', 926-930' W/1 SPF  
Ac (831-930') 500 gals.  
Frac (831-930') 15,000 gals 10% acid +  
11,000# sd.  
Swbd 50 BAW, w/NS of oil in two days.  
9-28-64 TD 1014', PBD 955', SI.  
10-5-64 TD 1014', PBD 955', SI.  
10-12-64 TD 1014', PBD 955', SI.  
10-19-64 TD 1014', PBD 955', SI.  
10-26-64 TD 1014', PBD 955', SI.  
11-2-64 TD 1014', PBD 955', SI.  
11-9-64 TD 1014', PBD 955', SI.

11-16-64 TD 1014', PBD 955', SI.  
11-23-64 TD 1014', PBD 955', tstg on pump.  
11-30-64 TD 1014', PBD 955', tstg on pump.  
12-7-64 TD 1014', PBD 955', SI.  
12-14-64 TD 1014', PBD 955', SI.  
12-21-64 TD 1014', PBD 955', SI.  
LCG TOPS: San Andres 922', Slaughter  
975'.

(Final posting until status changes)

3-14-66 TD 1014', PBD 955', TEMPORARILY ABANDONED.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIP DATE  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

N.M. 022685-1

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Keys Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undesignated

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec 33-T 6S-R 26E

12. COUNTY OR PARISH

Chaves

13. STATE

N.M.

1. OIL ☒ GAS ☐ OTHER ☐  
WELL WELL

2. NAME OF OPERATOR

Dr. Sam G. Dunn

3. ADDRESS OF OPERATOR

1312 Main Street, Lubbock, Texas

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)

At surface

990 ft. from North line & 330 ft. from West  
line, Sec. 33, T 6S, R 26E, NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether DP, RT, GR, etc.)

3609 GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data:

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

☐

PULL OR ALTER CASING

☐

WATER SHUT-OFF

☐

REPAIRING WELL

☐

FRACTURE TREAT

☐

MULTIPLE COMPLETION

☐

FRACTURE TREATMENT

☒

ALTERING CASING

☐

SHOOT OR ACIDIZE

☐

ABANDON\*

☐

SHOOTING OR ACIDIZING

☒

ABANDONMENT\*

☐

REPAIR WELL

☐

CHANGE PLANS

☐

(Other)

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

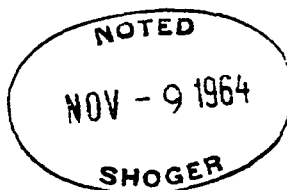
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any  
proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti-  
nent to this work.) \*

9-9-64

Ran Gamma Ray & Neutron logs, perforated with Tornada Jets,  
831-835 & 872-878 & 901-904 & 914-919 & 926-930 with 1 shot  
per foot.

9-16-64

Treated with 15000 gals. 10% acid water & 11000# sand.  
Swabbed well 2 days, recovered 50 bbls. of acid water,  
no show of oil. Well shut in.



18. I hereby certify that the foregoing is true and correct

SIGNED

*Sam G. Dunn*

TITLE

Agent

DATE

Oct. 26, 1964

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED  
NOV 2 1964

U. S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

\*See Instructions on Reverse Side

APP. 6-2-64 EXP. 5-30-66 THIS CASE N.Y.M. 02-17-64

COUNTY CHAVES FIELD Linda-San Andres STATE N.Y.

OPR RENN, DR. SAM G. 11-10-66-11-10-66 MAP

1 Keys

Sec. 33, T-6-S, R-26-E CO. ORD

990' fr N Line & 330' fr W Line of Sec. 33-66

6-18-64 CLASS EL.

	FORMATION	DATUM	FORMATION	DATUM
CSG & SX - TUBING				
102-00				
404-4				
LOGS EL GR RA IND HC A				

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CONT.  
DATE

PROP DEPTH 1200' TYPE

under new  
competitive lease  
(yates)  
NM-2547.3

F.R. 6-4-64  
PP 1200' - SA

5-64 TD102 20-  
 5-70 5370 (6 3/4" hole)  
 5-72 TD 1014 100 ft

U. S. GEOLOGICAL SURVEY  
 ROSWELL, NEW MEXICO

6-24 TD 1014 prep. to pref.  
7-21-64 TD 1014  
10-26 TD 1014 SI ✓

7-11-64 TD 1014 SI  
7-14-64 TD 1014 SI  
2-64 TD 1014; SI (final, ready)

ILLEGIBLE

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT" for such proposals.)

5. LEASE DESIGNATION AND SERIAL NO.  
**U. M. OFF 68-A**  
6. INDIAN ALLOTTEE OR TRIBE NAME

7. NIT AGREEMENT NAME

8. FARM OR LEASE NAME

**Keys**

9. WELL NO.

**I**

10. FIELD AND POOL, OR WILDCAT

**Undesignated**

11. SEC., T., R. M., OR BLM. AND SURVEY OR AREA

**33-T66-R26E**

14. PERMIT NO.

15. ELEVATIONS (Show whether OP, RT, GR, etc.)

**3609 GL**

12. COUNTY OR PARISH

**Chaves**

13. STATE

**N. M.**

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data:

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

WATER SHUT-OFF ☐

REPAIRING WELL ☐

CRACKURE TREAT ☐

MULTIPLE COMPLETE ☐

CRACKURE TREATMENT ☐

ALTERING CASING ☐

SHOOT OR ACIDIZE ☐

ABANDON\* ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT\* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) ☐

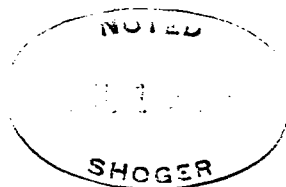
**Oil string**

(Other)

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

**6-19-64 Drilled 6-3/4" hole to a depth of 1013 with rotary rig. Ran 955 ft., new 4-1/2" pipe, cementing with 50 sacks.**



18. I hereby certify that the foregoing is true and correct

SIGNED

**Pat Thompson**

TITLE

**Agent**

DATE

**June 30, 1964**

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

**RECEIVED**  
JUN 30 1964

GEOLOGICAL SURVEY

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPL  
(Other instructions  
verse side)TE  
reForm approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Keys

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undesignated

11. SEC., T., R., M., OR BLE. AND  
SURVEY OR AREA

33-T6S-R26E, NMPM

12. COUNTY OR PARISH; 13. STATE

Chaves

N. M.

## SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Dr. Sam G. Dunn

3. ADDRESS OF OPERATOR

1312 Main, Lubbock, Texas

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)

At surface

Unit "I", 990 ft. from North line and 330 ft. from  
West line of Sec. 33, Twp. 6 S., R26E, NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3609 GL

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐PULL OR ALTER CASING ☐FRACTURE TREAT ☐MULTIPLE COMPLETE ☐SHOOT OR ACIDIZE ☐ABANDON\* ☐REPAIR WELL ☐CHANGE PLANS ☐(Other) ☐

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☒REPAIRING WELL ☐FRACTURE TREATMENT ☐ALTERING CASING ☐SHOOTING OR ACIDIZING ☐ABANDONMENT\* ☐(Other) ☐(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any  
proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti-  
nent to this work.)\*

6-13-64 Spudded

6-14-64 Set 103 ft. of 8-5/8" surface pipe and cemented with 50 sac.  
Circulated.JUN 18 1964  
U. S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED

Pete Thompson

TITLE

Agent

DATE

June 18, 1964

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

## APPLICATION FOR PERMIT TO DRILL, DEEPEN OR PLUG BACK

## 1. TYPE OF WORK

DRILL ☒DEEPEN ☐PLUG BACK ☐

## 2. TYPE OF WELL

OIL  
WELL ☒GAS  
WELL ☐OTHER ☐SINGLE  
ZONE ☐MULTIPLE  
ZONE ☐

## 3. NAME OF OPERATOR

Dr. Sam G. Dunn

## 4. ADDRESS OF OPERATOR

1312 Main, Lubbock, Texas

## 5. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)\*

At surface Unit "1", 990 ft. from North line and 330 ft.  
from West line of Sec.33, T6S,R26E.  
At proposed prod. zone  
Slaughter San Andres

## 6. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE\*

7. DISTANCE FROM PROPOSED  
LOCATION TO NEAREST  
PROPERTY OR LEASE LINE, FT.  
(Also to nearest drlg. line, if any)8. DISTANCE FROM PROPOSED LOCATION\*  
TO NEAREST WELL DRILLING COMPLETED,  
OR APPLIED FOR, ON THIS LEASE, FT.

## 9. ELEVATIONS (Show whether DF, RT, GR, etc.)

3609 GL

## 10. NO. OF ACRES IN LEASE

## 11. PROPOSED DEPTH

1200

12. NO. OF ACRES ASSIGNED  
TO THIS WELL

20 40

## 13. ROTARY OR CABLE TOOLS

Rotary

## 14. APPROX. DATE WORK WILL START\*

May 26, 1964

## 15.

## PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
11"	8-5/8"	28#	100'	50 SAX
6-3/4"	4-1/2"	9.5#	TD	75 SAX

We propose to drill an 11" hole to 100' and set 8-5/8" surface pipe, used, cement with 50 sax and circulate, ~~and~~ and let set 24 hours. We propose to drill to an approximate depth of 1200'. There will be a Gamma Ray Neutron run and the pay section will be cored, and if the zone appears to be of commercial quality, 4-1/2" 9.5# new pipe will be run to TD, cemented with 75 sax and perforated, and treated.

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JUN - 2 1964

U. S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

## 16.

SIGNED

Fat Simpson

TITLE

Agent

DATE

May 25, 1964

(This space for Federal or State office use)

PERMIT NO.

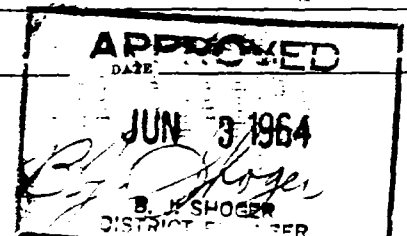
APPROVAL DATE

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions On Reverse Side



NUMBER OF COPIES RECEIVED	
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
PRODUCTION OFFICE	
OPERATOR	

**NEW MEXICO OIL CONSERVATION COMMISSION**  
**WELL LOCATION AND ACREAGE DEDICATION PLAT**  
 SEE INSTRUCTIONS FOR COMPLETING THIS FORM ON THE REVERSE SIDE

FORM C-128  
 Revised 5/1/57

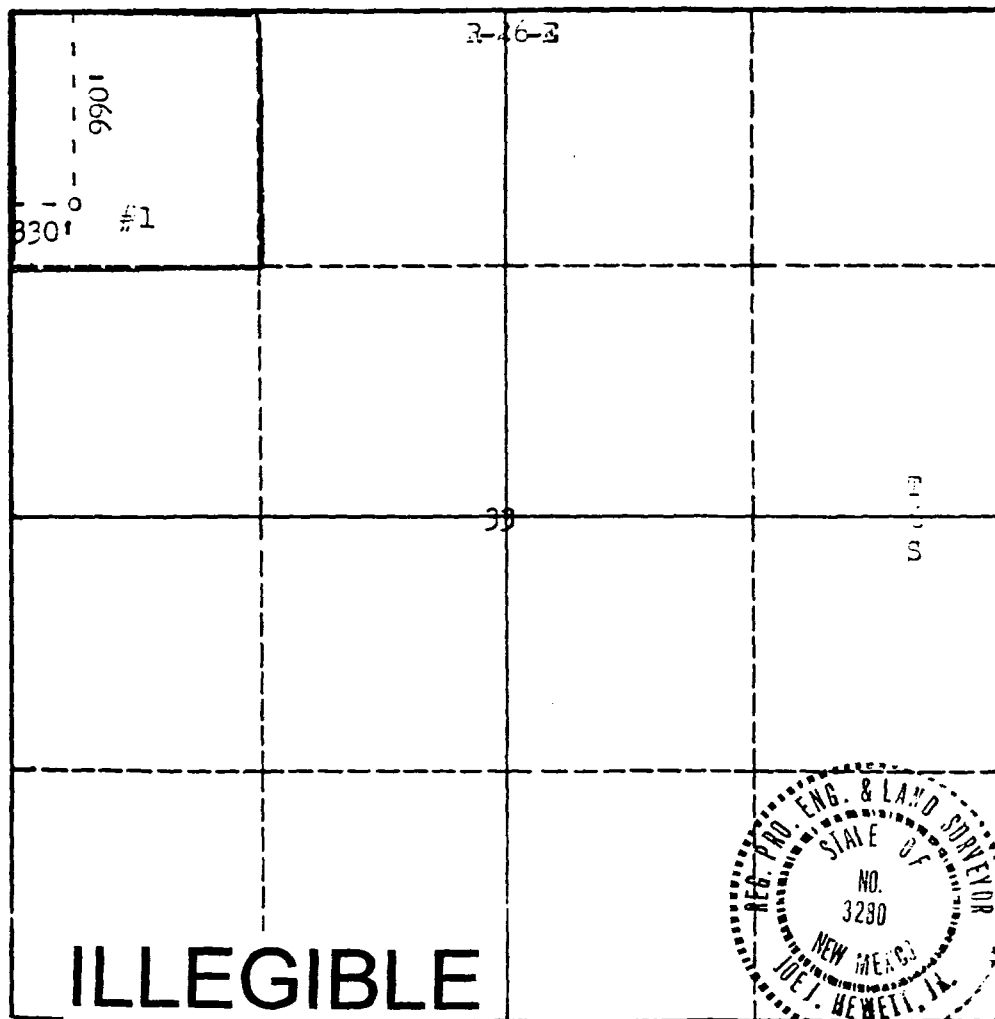
**SECTION A**

Operator Dr. Jean B. Dunn			Lease Key's		Well No. I
Unit Letter D	Section 33	Township T-3-S	Range R-26-E	County Chaves	
Actual Footage Location of Well: 790 feet from the North line and 330 feet from the West line					
Ground Level Elev. 3609	Producing Formation		Pool	Dedicated Acreage: 20 40 Acres	

1. Is the Operator the only owner in the dedicated acreage outlined on the plat below? YES \_\_\_\_\_ NO \_\_\_\_\_. ("Owner" means the person who has the right to drill into and to produce from any pool and to appropriate the production either for himself or for himself and another. (65-3-29 (e) NMSA 1935 Comp.)
2. If the answer to question one is "no," have the interests of all the owners been consolidated by communitization agreement or otherwise? YES \_\_\_\_\_ NO \_\_\_\_\_. If answer is "yes," Type of Consolidation \_\_\_\_\_
3. If the answer to question two is "no," list all the owners and their respective interests below:

Owner	Land Description

**SECTION B**



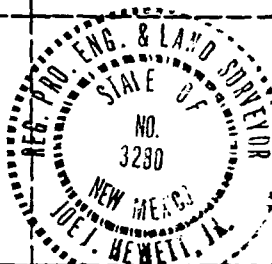
**CERTIFICATION**

I hereby certify that the information in SECTION A above is true and complete to the best of my knowledge and belief.

Name J. B. Dunn
Position Dr. Jean B. Dunn
Company JUN 2 1964
Date U. S. GEOLOGICAL SURVEY ROSWELL, NEW MEXICO

I hereby certify that the well location shown on the plat in SECTION B was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed May 27, 1964
Registered Professional Engineer and Land Surveyor Joe J. Hewett, Jr.
Certificate No. 3280



0 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0

NO. OF COPIES RECEIVED	3
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	1
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
RECEIVED

AUG 12 1971

FA

Case 10334  
Exh. "C"

I. Operator **Paul Slayton** **O. C. C.**  
**ARTESIA, OFFICE**

Address **905 North Lea, Roswell, New Mexico 88201**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☒

If change of ownership give name and address of previous owner **Dr. Sam G. Dunn Oil Operations, P. O. Box 3095, Lubbock, Texas**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Keys Federal</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Linda San Andres</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No.
Location Unit Letter <b>I</b> ; <b>990</b> Feet From The <b>N</b> Line and <b>330</b> Feet From The <b>W</b>				
Line of Section <b>33</b> Township <b>6S</b> Range <b>26E</b> , NMPM, <b>Chaves</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>The Petroleum Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>PO Box 1119, Midland, Texas 79701</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit <b>33</b>	Sec. <b>33</b>	Twp. <b>6S</b>	Rge. <b>26E</b>	Is gas actually connected? <b>NO</b>	When

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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

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 (Shut-in)	Casing Pressure (Shut-in)	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.

Dennis Slayton  
(Signature)  
Agent  
(Title)  
August 10, 1971  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 13 1971**, 19  
BY W. A. Gussett  
TITLE OIL AND GAS INSPECTOR

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.

Separate Forms C-104 must be filed for each pool in multipl



REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NOT RECORDED

Case 10334  
Exh. 'D'

SANITARY	1	✓
FILE	1	✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER		
OIL		
GAS		
OPERATOR	2	
PRODUCTION OFFICE		

Operator  
**A. D. Raby or James T. Raby**

Address  
**Box 1856, Roswell, New Mexico, 88201**

Reason(s) for Filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner **H. E. Prince, 606 N. Atkinson, Roswell, New Mexico**

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Keys (Federal)</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Linda San Andres</b>	Kind of Lease State, Federal or Fee <b>Fed.</b>	Lease No.
Location				
Unit Letter <b>D</b>	<b>990</b>	Feet From The <b>N</b> Line and <b>330</b>	Feet From The <b>W</b>	
Line of Section <b>33</b>	Township <b>6S</b>	Range <b>26E</b>	NMPM, <b>Chaves</b>	County

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>Not Producing</b>						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>Not Producing</b>						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number:

## V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

## VI. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

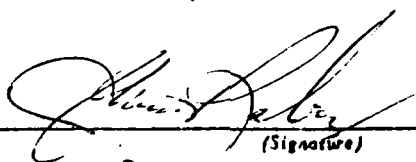
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

## GAS WELL

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

## I. 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.



Owner

(Signature)

April 25, 1974

(Title)

(Date)

## OIL CONSERVATION COMMISSION

APPROVED **APR 30 1974**, 19\_\_\_\_  
BY **W. A. Gressett**  
TITLE **OIL AND GAS INSPECTOR**

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.

Separate Forms C-104 must be filed for each pool in multiply