

5

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	1-
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRORATION OFFICE	
OPERATOR	2

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

MAY 22 1964

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 QUADRUPPLICATE to the same District Office to which 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. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Artesia, New Mexico May 19, 1964
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Dr. Sam G. Dunn Usage Well No. 2, in SW 1/4 NE 1/4,
(Company or Operator)
G Sec 33, T 6S, R 26 E, NMPM., Linda San Andres Und Pool
Unit Letter
Chaves County. Date Spudded 1-6-64 Date Drilling Completed 1-11-64

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Elevation NA Total Depth 1069 PBD 1069
Top Oil/Gas Pay 1022 Name of Prod. Form. Slaughter San Andres

PRODUCING INTERVAL -
Perforations 1022-1039, 1043-1046, 1048-1059
Open Hole Depth 1069 Casing Shoe 1069 Depth Tubing 1020

OIL WELL TEST -
Natural Prod. Test: None bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke
load oil used): 15 bbls. oil, 35 bbls water in 24 hrs, _____ min. Size None

GAS WELL TEST -
Natural Prod. Test: None MCF/Day; Hours flowed _____ Choke Size _____
Method of Testing (pitot, back pressure, etc.): _____
Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____
Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1000 gal. 15% acid & 14000 gal. 3% acid water with 7000# 20-40 sand
Casing Tubing Date first new Press. None Tubing Press. None oil run to tanks May 6, 1964
Oil Transporter McWood Corporation
Gas Transporter None

2310/71 2329/E
(FOOTAGE)
Tubing, Casing and Cementing Record

Size	Feet	Size
8-5/8	102	50
4-1/2	1069	50
2"	1020	None

Remarks: MAY 22 1964
O. C. C.
ARTESIA, OFFICE

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved: MAY 22 1964, 19.....

OIL CONSERVATION COMMISSION
By: M. L. Armstrong
Title: OIL AND GAS INSPECTOR

By: Pat Thompson
(Signature)
Agent
Title: _____
Name: Dr. Sam G. Dunn
Address: 1312 Main St., Lubbock, Texas

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

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator **Dr. Sam G. Dunn** Lease **Osage** Well No. **2**

Unit Letter **G** Section **33** Township **6 South** Range **26 East** County **Chaves**

Pool **Linda San Andres** Kind of Lease (State, Fed, Fee) **State**

If well produces oil or condensate give location of tanks _____ Unit Letter **B** Section **33** Township **6 South** Range **26 East**

Authorized transporter of oil or condensate
McWood Corporation Address (give address to which approved copy of this form is to be sent)
P. O. Box 330, Abilene, Texas

Is Gas Actually Connected? Yes _____ No

Authorized transporter of casing head gas or dry gas Date Connected _____ Address (give address to which approved copy of this form is to be sent) _____

If gas is not being sold, give reasons and also explain its present disposition:
TSTM - vented

REASON(S) FOR FILING (please check proper box)

- New Well
- Change in Ownership
- Change in Transporter (check one)
- Oil Dry Gas
- Casing head gas . Condensate..
- Other (explain below)

RECEIVED
MAY 22 1964
O. C. C.
ARTESIA, OFFICE

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.
Executed this the **19th** day of **May**, 19 **64**.

OIL CONSERVATION COMMISSION		By
Approved by	<i>M. L. Armstrong</i>	<i>Pat Thompson</i>
Title		Agent
Title	OIL AND GAS INSPECTOR	Company
Date	MAY 22 1964	Dr. Sam G. Dunn
		Address
		1312 Main, Lubbock, Texas