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McFadin

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

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I. Operator **Dr. Sam G. Dunn**

Address **1312 Main Street, Lubbock, Texas**

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain) **O. C. C. ARTESIA, OFFICE**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Dale Federal** Well No. **3** Pool Name, including Formation **Leslie Spring-SanAndres** Kind of Lease **Federal** Lease No. **067811**

Location
 Unit Letter **K** **2310** Feet From The **South** Line and **2310** Feet From The **West**
 Line of Section **26** Township **7S** Range **26E**, NMPM, **Chaves** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
McWood Corporation Address (Give address to which approved copy of this form is to be sent)
Box 330, Abilene, Texas

Name of Authorized Transporter of Casinghead Gas or Dry Gas
 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 **J** Sec. **26** Twp. **7S** Rge. **26E** Is gas actually connected? **No** 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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Resrv.	<input type="checkbox"/> Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Jan., 1964	9-7-64	1474	1474					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3778 GR	Slaughter-SanAndres	1446	1440					
Perforations	Depth Casing Shoe							
1446-1468 w/2/ft, Reperf 1458 w/4/ft. Sand jetted 1456-1458, 1464-1468	1474							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11"	8-5/8	105	50					
7"	4-1/2	1474	285					
	2	1440						

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.)	
9-7-64 5.1	9-7-64	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	None	None	Open 2"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
4 Bbls.	2	2	None

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.

Louis C. Jones
 (Signature)

Geologist
 (Title)

May 25, 1966
 (Date)

OIL CONSERVATION COMMISSION

APPROVED **MAY 27 1966**, 19
 BY *M. L. Armstrong*
 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 completed wells.