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U.S.G.S. <input checked="" type="checkbox"/>	
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TRANSPORTER	OIL <input type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	<input type="checkbox"/>
PRORATION OFFICE	<input type="checkbox"/>

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-114  
Supersedes O-114 and O-115  
Effective 1-1-65

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JUN 1 1966

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DEPCO, Inc.  
Suite 204

O. C. C.  
ARTESIA, OFFICE

First National Bank Building  
Artesia, New Mexico 88210

I.

Operator <b>[REDACTED]</b>	
Address P. O. Box 427, Artesia, New Mexico	
Reason(s) for filling (Check proper box)	Other (Please explain)
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"/>

If change of ownership give name and address of previous owner International-Yates P. O. Box 427, Artesia, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Dunn A</b>	Lease No. <b>4</b>	Well No. <b>4</b>	Pool Name, including Formation <b>Artesia Queen Grybg. SA</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location				
Unit Letter <b>E</b>	<b>1810</b>	Feet From The <b>North</b>	Line and <b>500</b>	Feet From The <b>West</b>
Line of Section <b>7</b>	Township <b>18</b>	Range <b>29</b>	NMPM, <b>Eddy</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"/>	Address (Give address to which approved copy of this form is to be sent)	
<b>Texas New Mexico Pipe Line</b>	<b>Mid land, Texas</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<b>Valley Gas Corporation</b>	<b>Artesia, New Mexico</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>G</b>	Sec. <b>12</b>
	Twp. <b>18</b>	Rge. <b>28</b>
	Is gas actually connected? <b>Yes</b>	When <b>3-13-64</b>

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't.	Diff. Res't.
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.)	
	Tubing Pressure	Casing Pressure	Coke Size
Water Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - SCF
Seal - Flow	Length of Test	Solid. Condensate/MMCF	Shrinkage Condensate
Water Prod. Test - MCF/24	Tubing Pressure	Casing Pressure	Coke 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 is true and complete to the best of my knowledge and belief.

(Signature)

District Engineer

OIL CONSERVATION COMMISSION

APPROVED

JUN 10 1966

BY M. L. Crumpton  
TITLE OIL AND GAS INSPECTOR

If this is a request for allowable for a new well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.